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Citation: Fleming, Anna (2017) Child psychotherapists' fantasies about working with 'cultural difference' : a psychosocial exploration. [Thesis] (Unpublished)

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Child Psychotherapists' Fantasies About Working With 'Cultural Difference':

A Psychosocial Exploration

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I declare that the work presented in this thesis is my own

ACKNOWLEDGEMENTS

I should like to express my thanks to the following people, who have assisted me greatly in their different ways:

Firstly, to the eight interviewees, who so generously shared their time and their ideas with me, and without whose participation this project would not have been possible: I have learnt much from your thoughts

To Dr Amber Jacobs, my supervisor at Birkbeck, for her wise words, her energy and her enthusiasm for this project, which sustained me at times when my own was flagging

To the Training Committee at IPCAPA and to Unite the Union for their generous financial assistance

To my late clinical supervisor, Branka Pecotic, for her interest in the project and for the excellent books that she lent me; with fond memories

To my mother, Monika, and my mother-in-law, Jenny, for the many, many hours of childcare they provided, without which this study could certainly never have reached completion: I am so grateful to you both

To my father, Jem, and step-mother, Anne-Marie, for reading the manuscript and their helpful comments

And, of course, to my husband, for his pride in my achievements, and to my children, for their love and patience

Lastly to my grandmother, who did not live quite long enough to see me finish this: Beryl Audrey Farr, 1921-2017, with all my love.

ABSTRACT

Child psychotherapists regularly find themselves working across ‘cultural difference’, yet this is given little thought in trainings, be it in supervision, teaching or in the training analysis. A growing body of literature in the psychotherapy professions emphasises the great anxiety provoked by ‘cultural difference’ and ensuing defences that are ordinarily employed by the individual; this literature identifies an urgent need for psychotherapists to find more consistently thoughtful ways to engage with issues of race, culture and social class differences. Using Bourdieu’s concept of ‘habitus’ to build a working definition of ‘cultural difference’ and a psychosocial methodology, I interviewed eight child psychotherapists to ask what fantasies about working with ‘cultural difference’ we might hold. Thematic analysis identified two fantasy structures: ‘difference as dangerous’, in which ‘cultural difference’ is variously associated with all kinds of badness, including sexual perversion, violence, child abuse, neglect and shame; and ‘the profession in peril’, in which it was felt that the child psychotherapy profession is threatened by ‘cultural differences’, both from without and from within. Discourse analysis examined two further fantasies: ‘neutrality’ in the therapist, in which the therapist is imagined to transcend ‘cultural difference’; and ‘the location of difference’, in which it was imagined that one person in a pairing contained all the ‘difference’ and its negative associations, while the other is felt to be ‘normal’. These four fantasies show how powerful projections are able to enter the consulting room. There is an urgent need for the child psychotherapy profession to give thought to ‘cultural difference’ in order to avoid reproducing prejudiced stances; this becomes imperative as issues of ‘cultural difference’ become more politically explosive. ‘Cultural difference’ was found to be a ‘slippery’ term, which carries different meanings at different times.

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INTRODUCTION

This thesis examines the fantasies child psychotherapists have about working with ‘cultural difference’. My interest in ‘cultural differences’ stems both from working for many years in a clinic in a diverse, multi-cultural borough and from my own family background. I initially set out to ask ‘how’ child psychotherapists work with ‘cultural differences’, but this question shifted after the first three interviews, due to my increasing interest in the fantasies about working with ‘cultural difference’ that were emerging in the data. In my field-notes, I noted that, immediately after the dictaphone was switched off, the second interviewee commented, “*What we think is easy; what we actually do is more difficult*”. The question of “how” we work with ‘cultural difference’ was, I felt, producing rather sterile answers in the data, where the discussions around fantasy were rich and fascinating. The main focus of the research therefore shifted to include the question: “*What are child psychotherapists’ fantasies about working with ‘cultural difference’?*”.

My working definition of ‘fantasy’ includes consciously held beliefs and ideas. These were manifest in the interview data. I hold that the possibility of encounters with ‘cultural difference’ is one that generates a great deal of unconscious fantasy (phantasy), and understand the term ‘fantasy’ to cover both conscious and unconscious material; I explore the literature on fantasy further below. However, for methodological reasons, I limit myself in this study to exploring those fantasies that are manifest and explicit in the interview data.

Child psychotherapists are likely to spend much of their careers working across ‘cultural differences’ of some kind or another. However, very little has been written on our fantasies about ‘cultural difference’ from within psychoanalytic clinical literature. Where fantasy is explored in the social sciences, this appears to have made few inroads into clinical writings: attempts for dialogue between psychoanalysis and academic fields in this area are only just beginning to bear fruit (Auestad, 2015) and child psychotherapy appears to lag behind adult psychoanalysis in these endeavours. As is apparent in the following section, most psychoanalytic literature on difference focuses on racial differences. Morgan (2014) explains that she chooses to focus on differences of race, rather than culture, because it is so visible and yet so empty a concept, having no biological basis. She argues that where discussions of race are broadened to include other kinds of difference, there is a risk that they become “*swallowed up in a generality of difference*” (p.57). However, it is precisely the difficult-to-define *invisibility* of ‘cultural difference’ that interests me. Moreover, Barker (1981) attests that ‘culture’ has become the focus of modern racist discourses: where ‘classical’ racist theories of the superiority and inferiority of ‘races’ are discredited, discourse has shifted to the compatibility of cultural groups and their ability to ‘fit in’. A call for a critical rereading of ‘culture’, as the site of the most fraught area of this debate in the social sciences (Donald & Rattansi, 1992) must now be echoed within child psychotherapy: we lack a rigorous model for thinking about ‘cultural difference’ and thus risk unconscious reproduction of prejudice in the clinical situation.

Lowe (2014) attests to the absence of thinking about issues of race, culture, difference and diversity on psychotherapy trainings and the tendency, when it does take place,

for the teaching to take the form of one-off tokenistic events. He views this to be a consequence of the extreme discomfort caused by the complexity of these issues: the internal and external dimensions involved; the difficult feelings and states of mind that they arouse, including the need to bear one's own destructiveness and tolerate high levels of anxiety. I argue that this difficulty in engaging with difference extends to clinical literature, particularly in the field of child psychotherapy, where discussions are both infrequent and rather 'thin'. This is in contrast to the social sciences, where in both sociology and cultural studies there is considerable debate on culture and 'cultural difference'. There is thus a gap between the psychotherapy professions and the academy (Rustin, 2007) and begs the question: *Could greater dialogue with the social sciences enrich the clinical thinking of child psychotherapists?* Those clinicians who do write about race, ethnicity and culture tend to conflate these terms and treat them as synonymous. These are all contested terms, and I found 'cultural difference' to be a 'slippery' term, saturated with fantasy, and with much slippage occurring between the concepts of 'culture', 'difference' and 'racism'. My working definition of 'culture', however, understands our cultural identities to be complex, multiple and fluid (Keval, 2016). I keep the term 'cultural difference' in inverted commas in recognition of this fluidity, the slippery, mutable nature of this term, which appears to mean different things at different times. Through the lens of 'intersectionality', I understand that 'culture', 'race', racism, gender, social class and sexuality are among many axes of difference that form the multidimensionality of individual lives and are inextricably linked (Ahmed, Castañeda, Fortier & Sheller, 2003; Crenshaw, 1989; Delgado & Stefancic, 2001; Marriott, 2007). I explore how culture is defined in the social sciences in more detail below.

Through conducting the interviews, I was struck by how fascinating and powerful the emerging fantasies about working with ‘cultural difference’ were. Psychotherapists are accomplished at thinking about the effect that projections from the patient have on their clinical thinking; however, strikingly little space is given to thinking about what projections might come from the therapist themselves – perhaps this stems from a fantasy that psychotherapists’ own ‘issues’ will have been dealt with in a training analysis and that the clinical setting would therefore be free of these (discussed by Berman, 2017). Debates that dominated the 1950s concerning the nature of counter-transference have been little employed in considering the experience of ‘cultural difference’ in the transference–counter-transference relationship (Bonovitz, 2005). This study finds ‘cultural difference’ to be a concept saturated in fantasy: I show how these fantasies enter the consulting room and therefore the people in it; the absence of attention given to this within the child psychotherapy profession is greatly concerning, not least as issues of ‘cultural difference’ become ever more explosive politically.

Various research studies, including those that make use of qualitative methodologies, have examined the attitudes of therapists toward a number of things, such as religious belief, homosexuality, or specific pathologies, such as paedophilia or borderline personality disorder (Jahnke, Philipp & Hoyer, 2015; Hayes, Nelson & Fauth, 2015; Rosmarin, Green, Pirutinsky & McKay, 2014; Jobst, Hörtz, Birkhofer, Martius & Rentrop, 2010; Davids, 1970). However, I have found no such studies within child psychotherapy and none that examine the fantasies held by therapists per se, or those

that look specifically at fantasies about ‘cultural difference’. This topic is therefore under-researched in both the clinical literature and in empirical study.

This project, through interviews with child psychotherapists and analysis of these using a psychosocial method, seeks to explore both what fantasies child psychotherapists might hold about working with ‘cultural difference’ and the implications of these for the therapy and patients. Hayes’ et al (2015) study of therapists’ counter-transference feelings was able to link these to whether a treatment went on to be successful or unsuccessful. Fanon (2008 [1952]) discusses the violence done to the other when those in power are able to insert the ‘imago’ they hold into the mind of the other: he particularly stresses the need for the analyst not to insert his own unconscious imagos into the mind of the patient. There is thus an awful lot at stake for the child psychotherapy profession if those who are in a position of power – both holding the status of trained professionals with service users, and as adults with child patients – bring into the therapy their own unexplored fantasies about ‘cultural difference’. Ultimately, this project also asks whether debates within the social sciences and cultural studies might help inform or enrich our clinical thinking. Unless we come to theorize our work with ‘cultural difference’ in child psychotherapy, we risk reproducing colonial, racist stances in our work with our child patients.

Culture and its Definitions

This project seeks to examine therapists’ views on working with ‘cultural difference’. It therefore needs a definition of ‘culture’ and for this, explores how the term is used in psychoanalytic literature and seeks to draw from the area of Cultural Studies,

which itself forms a broad and diverse field (During, 2007; Hall, 2007) containing many different definitions of culture.

Culture and Psychoanalysis

Psychoanalytic writings about culture tend to focus on two areas: one is to collapse it into the concepts of race and ethnicity and to focus discussion on these instead. The other is to consider 'culture' in terms of creativity, the individual's engagement with the wider world and their self-expression through the arts.

Drawing a distinction between 'race' and 'culture' is not straightforward as both are contested terms: Lewis (2000) goes further, arguing that it is difficult to separate issues of 'race' from those of gender and social class; I acknowledge the intersection of these axes of difference. Morgan (2008), when writing about difference within the profession, chooses to focus on racial difference as it is so visible, whilst having no biological basis (Rustin, 1991). The assumption here appears to be that racial differences are always visible, and probably refers primarily to skin colour. Rustin asserts that racial differences are dependent on the definition given to them by the other. Similarly, Lewis (2000) argues that categorizations of race are usually externally generated and that these tend to treat 'race' or 'ethnicity' as though social groups were self-evident and identity were static. Moreover, she reminds us that classifications of 'race' have historically had areas of amnesia or forgetting and that, as such, those of Irish or Jewish descent have often been left out of professionals' thinking.

Dalal (2002) goes further: he asserts that ‘race’ has no meaning outside of racism and that attempts to define the terms of the debate are thus immediately found wanting. Whilst I acknowledge that ‘race’, ‘ethnicity’ and ‘culture’ are not simple or neutral or satisfactory terms (Lewis, 2000), I wish to examine how ‘culture’ has been theorized in psychoanalytic writings and in the social sciences.

There is a long history of psychoanalytic engagements with ‘culture’ in the sense of the arts, in terms of a psychoanalytic exploration of aspects of literature, theatre, art, film and aesthetics. These debates continue apace and are well documented elsewhere (Segal, 1952; Bell, 1999)

Culture and Cultural Studies

Early theories in cultural studies draw on Marxism and discuss culture in terms of ‘mass culture’ and the ‘culture industry’ (Adorno & Horkheimer, 1997 [1947]): the early forms of cultural studies therefore have much to offer on art, art-forms, and the highly developed arts industries, which they discuss in relation to established forms of power. Cultural studies in its contemporary form continues to discuss art and the arts industries, yet it also encompasses vast areas, such as postmodern and postcolonial theories, theories of globalisation, multiculturalism, feminism and a great many more besides.

“Culture” in its everyday usage clearly encompasses something about race, ethnicity, language, heritage, social class; something about particular social groups and their practices, norms, and forms of art; Lewis (2007) describes it as a “*profoundly congested concept*” (p. 867). The difficulty for this project is neither to define it so

narrowly as to make it synonymous with something else, such as ethnicity, nor to broaden the definition so far as to empty it of all real meaning. Stuart Hall (2007) describes a parallel problem in cultural studies – the difficulties of neither opening, nor restricting, the field too far. Dalal (2002) is more critical: he asserts that in broadening discussions of difference from ‘colour racism’ to include other forms of difference, we not only risk *“dissolving it in a larger generalised sea”* (p.2), but are motivated by our difficulties engaging with the subject of racism, which we thus seek to evade. This is clearly a pertinent challenge to my task: the psychoanalytic literature on culture tends to conflate ‘culture’ with ‘race’. Here, I am tasked with neither ignoring racial difference – as cautioned by Dalal, nor by collapsing the two terms into one and the same thing. Lewis (2007) discusses the ordinary way in which ‘culture’ becomes racialised in our discourses – and the racism that runs through this process – and also reminds us of the political aspects of the concept of ‘culture’, as it becomes the subject/object of normative political and social policy.

Litowitz (2003) argues that Bourdieu offers psychoanalysts a framework for thinking about sociocultural context. Bourdieu conceives of culture as being comprised of several key concepts: habitus, field, capital and doxa. Bourdieu sees the individual as inhabiting many different “fields” simultaneously. These fields might constitute private life, work, school, peer groups and so forth. Each field has its own “signifying practices” (During, 2007) or rules (Thomson, 2008): the individual might behave differently in different fields; his position might be static or changing. The inter-subjective processes or ‘games’ (Thomson, 2008) that take place within fields revolve around the accumulation of ‘capital’, which represents things of value and status for the individual: money, knowledge, affiliations and so on. Field and capital intersect

with the concept of 'habitus'. This is loosely defined as our way of being: of thinking, feeling and acting (Maton, 2008); it incorporates our patterns of behaviour that might be unreflected, unconscious or taken for granted, our 'way-of-being-in-the-world' (Litowitz, 2003). Bourdieu terms the learning acquired through these ways of being 'doxa'. Doxa is a sort of "knowledge without concepts" (Krause, 2014, p.114); it is that which is "undiscussed and undisputed" (Bourdieu, 1977[1972], p.168), an inheritance of knowing ways of being and ways of doing.

Bourdieu seems to offer a rich and complex definition of culture, yet one that might prove intuitive for the child psychotherapists, whose patients might move between their mother's and father's homes, their school, place of worship and social networks, as well as attending a clinic, and whose behaviours are influenced by internal and external factors. In short, children inhabit a number of fields and might behave differently in each: child psychotherapists are accustomed to thinking about the many different areas of a child's life and functioning (Parsons, Radford & Horne, 1999). Bourdieu's thought about culture proves intuitive for psychotherapists in other ways, in that it takes in both conscious and unconscious aspects of cultural experience – both that which is known and that which is undiscussed, taken-for-granted, not thought about. Moreover, the function of 'capital' within Bourdieu's theory allows us space to think about what is valued by the individual in the many fields which he or she occupies. I am thinking here of a teenager, for example, who might value, or seek status, from quite different things whether at home, at school, or communicating with peers through social media.

My question later in this project will be to consider whether use of concepts, such as Bourdieu's, from the social sciences can enrich our clinical thinking about 'cultural difference' in child psychotherapy. Through this research, I have found 'cultural difference' to be an ideologically-fuelled and fantasy-laden concept and, as such, prone to 'slippage' in that it carries different meanings at different times, particularly with 'culture', 'difference' and 'racism' fluidly shifting and slipping into one another: this is true both in the interviews in this project and in the literature more broadly. My understanding of a psychosocial methodology is that it brings together a theory of the internal world, from psychoanalysis, and of the external world, from the social sciences. It thus involves a two-way exchange between the clinic and the academy. As such, I argue both that understandings from the social sciences, such as Bourdieu's, can give child psychotherapists a theoretical framework in an area that has received too little attention. However, an understanding of just how fantasy-laden and 'slippery' this concept is can help to conceptualise 'cultural difference' as a mutable term within the social sciences.

Within the child psychotherapy profession, there is largely "silence" about the "noisy problem" of difference and asymmetric power relationships (Morgan, 2008), despite excellent recent publications in this area: Auestad (2015), Davids (2011), Keval (2016) and Lowe (2014) have greatly assisted me in trying to understand 'cultural difference'; it is high time these became a mainstay of the syllabus in the child psychotherapy trainings.

LITERATURE REVIEW

‘Working with Difference’

Within the broad area of psychoanalysis, psychotherapy and child psychotherapy, there is increasing focus on issues of Equality and Diversity, as these gain more importance politically, notably in the Equality Act of 2010. This act of parliament not only refocuses or reignites debate around issues of equality, but also has implications for employers: there is therefore a legal obligation to consider these issues for those therapists working within the NHS. The Equality Act identifies areas of difference, where discrimination is illegal. These include: race, sex, sexual orientation, religion, disability, age, marital status, pregnancy and parenthood and transsexuality (Equality Act, 2010).

The literature on difference and diversity in mental health is more likely to focus on the following areas: race, gender, culture, social class and disability. Debates around gender are so well documented that Gender Studies has found a place of its own in the social sciences and, within psychoanalysis, there are whole journals dedicated to the subject (*Gender and Psychoanalysis; Studies in Gender and Sexuality*). Other areas, such as working with disability in psychotherapy, are considered ‘specialist’ work within the profession: the Association of Child Psychotherapists runs a “special interest group” for psychotherapists interested in this area of work. There is a long history of child psychotherapy work with disabled children (Sinason, 1999), a small body of literature being built up in this area, and a relatively large amount written on particular conditions, such as autism (Alvarez, 1992; Tustin, 1981; Rhode & Klauber, 2004), including child psychotherapy research in this area (Alvarez & Lee, 2009).

Where it comes to other kinds of ‘difference’, the literature tends to focus on race and ethnicity. “Race and culture” are often terms that appear together and are used synonymously, to refer to, again, race and ethnicity. Differences in social class also appear in these discussions of racial difference (Gibbs, 2009). Within a wider body of literature, including psychotherapy with adults and other forms of mental health treatment, there are some discussions of the implications of social class difference (Altman, 2010; Layton, Hollander & Gutwill, 2006; Ryan, 2006, 2014) and how these can be addressed within adult psychotherapy (Samuels, 2006).

‘Race and Culture’

Writings on race and culture in child psychotherapy are situated in a broader literature on psychoanalytic psychotherapy more generally (with adults) and in other mental health professions. In the wider mental health professions, there is a relatively long history of interest in transcultural issues: the journal *Transcultural Psychiatry* has been in print since the early 1960s and recently ran a special issue on child and adolescent psychiatry (November 2010). Similarly, a dedicated journal *The Journal of Multicultural Counselling & Development* has been in print since the late 1980s. There is a significant body of literature on transcultural work in the psychiatry and counselling professions (Bhui & Bhugra, 2007; Cox, 1986; Fernando, 1995, 2009, 2010; Palmer & Laugani, 1999; Pederson, Lonner, Draguns & Trimble, 2008) and in systemic family therapy (Mason & Sawyer, 2002). The literature often focuses on some more specific aspects of the work, such as working with refugees (Blackwell, 2005), working therapeutically through interpreters (Tribe & Raval, 2003), legal issues and the Mental Health Act (Bingley, 1995; Browne, 1995), incidence of illness

and epidemiology (Ramchandani, 2004) or specific intercultural therapy services (Thomas, 1995) to name a few. Other writings explore mental health approaches or healing practices in other parts of the world and implications for training and supervision (Lago, 2006).

The body of literature in the wider mental health professions seems to be growing, with a worldwide review of the state of counselling and therapy provision recently published (Moodley, Gielen & Wu, 2013). Interest in ‘cultural difference’ has also grown in the field of family therapy, with the *Journal of Family Therapy* running a special issue on ‘cultural difference’ and cross-cultural issues, debated from a systemic point of view (2014). Although the rapid growth of literature in this area in the last five years is an exciting development, it is striking how many articles appear in special issues, special supplements of journals or special editions, with the implication that this is somehow a ‘specialist’ subject, perhaps one that not all clinicians need consider or engage with. This is beginning to change: the British Psychoanalytic Council (BPC) recently published a bibliography of suggested readings on psychoanalysis and race, extending to no fewer than 38 pages, on its website (British Psychoanalytic Council, 2015). This was compiled by the BPC’s Ethnicity, Culture and Racism Task Group. The existence of a ‘task group’ suggests that there is a task at hand: work to be done in order to engage with issues of difference and, arguably, that this task can be delegated to a select few. The readings, however, are recommended to all professional members of the BPC.

Working with racial and ‘cultural difference’ is now beginning to emerge as an area of discussion in its own right within adult psychoanalytic psychotherapy (Kareem &

Littlewood, 2000; Davids, 2011; Lowe, 2014) and child and adolescent psychotherapy (Andreou, 1999; Gibbs, 2009), but remains a small and recent body of literature.

‘Race and Culture’ in Child Psychotherapy

Within child psychotherapy, this literature focuses on racial difference in the consulting room and how the therapist might work with this. Though the Association of Child Psychotherapists has its own journal (the *Journal of Child Psychotherapy*), I would understand most child psychotherapists to be accessing the literature of the psychotherapy professions more broadly: indeed, many child psychotherapists undertake additional trainings to work with couples, groups or individual adults (Rustin, 2000). It strikes me, however, that there are features of working with ‘cultural difference’ that are specific to the work of child psychotherapy: one perhaps being the complexity of working with two generations at once – with a young person and their parents – and the different experiences of culture that generations might have (Davids, 2016a). There is the additional feature of the generational difference between the therapist and the child patient. Moreover, Akhtar (1995) explores the complexities of cultural identity at different developmental stages. He asserts that the experience of migration, or of the immigrant experience, depends on a whole host of factors, including a child’s age, the parental experience of migration and the parents’ ensuing psychic state; and the fantasy structures of the child according to their developmental age. A young, pre-Oedipal child might depend largely on its mother’s psychic state in order to process the experience of migration, where an Oedipal child might build more specific fantasies about the parents’ prerogative to move the family. In adolescence, there is a psychic reworking of fantasy, of familial relations and this includes a reprocessing of cultural experience (a ‘second individuation’, following

Blos, 1967). Akhtar argues that migration in adulthood (in the parents) represents a third 'individuation' insofar as it precipitates a state of psychic flux and a reworking of previous internal relationships, experiences and fantasies. These represent just a few examples as to how working clinically with 'cultural difference' might have particular meanings or features when working with children and families: it should therefore be of particular interest to child psychotherapists. However, it appears that the divide between the clinical literature and academic psychoanalysis is particularly wide in the field of child psychotherapy.

Gibbs (2009) highlights a number of issues that should be addressed within child psychotherapy around working with racial or cultural differences. She, like most other authors, tends to use 'race' and 'culture' as broadly interchangeable. Gibbs writes about the need to bring 'cultural difference' into the consulting room: to discuss it openly with the patient, if it pertains to the patient's material, but not to force a discussion of it at other times. Bringing the difference out into the open allows for a better exploration of what belongs to the patient's internal and external worlds. Gibbs also writes about what the therapist needs to keep in mind: this includes the effect of the working with difference on the therapist, on the therapeutic relationship and on the patient.

Gibbs (2009) stresses the need for therapists to examine their own racial and cultural understandings, prejudices and fantasies in their own analysis. Morgan (2008) describes how subtle racist defences are: the guilt and shame aroused by racist thoughts will often keep these from emerging in the therapy, or they might be kept out of the mind altogether. Gibbs writes that the better able the therapist is to confront

their own prejudice in their own analysis, the more they are able to attend to the patient's particular needs. She also describes the professional doubts and anxieties that might be experienced by the therapist from a minority background.

Gibbs (2009) emphasises the impact of 'cultural difference' on the therapeutic relationship: this might start from before the first meeting, as both therapist and client have an image of what they expect from the other (Bhugra & Bhui, 2006; Suman & Brignone, 2001), which might involve cultural stereotypes. Difference can elicit very primitive anxieties and projections, which the therapist will need to work with (Andreou, 1999; Gibbs, 2009) and which can affect both the transference and counter-transference.

Gibbs' exploration of working with 'cultural differences' in child psychotherapy strikes me as both the most subtle and the most thorough to date. However, she does not elaborate on what the nature of images, fantasies or preconceptions might be: the form they take or role they play in the inner world. She gives clinical examples of working with patients' fantasies about the (racially different) therapist in child psychotherapy, but, other than stressing the need to explore one's prejudices in a training analysis, she does not elaborate on what the consequences might be on the therapy if such fantasies are held by the therapist.

Reference to the counter-transference is under-developed in Gibbs' writings. Ojumu (2012), similarly, alludes to the thoughts and feelings held by the therapist, but like Gibbs, emphasises the need for these to be "worked through" in the training analysis or in supervision in order that they should not "interfere" with the work (p.153). In

none of the writings from the field of child psychotherapy are these thoughts explored further: in what way might the therapist's own feelings 'interfere'? And what is the likelihood that these prejudices will indeed have been explored thoroughly in a training analysis? Morgan (2008) makes her views plain here: most analysts will not have examined their own 'internal racism' (Davids, 2011) in their training analysis, nor will they seek to do so once a training analysis has ended. Gibbs (2009) and Ojumu (2012) make explicit the possibility of preconceptions entering the counter-transference, but place rather high hopes on the training analysis to 'deal' with this.

What remains implicit in Gibbs' and Ojumu's accounts is a fantasy that, with prejudices 'dealt with' in training analysis, the child psychotherapist would be able to maintain some kind of neutral position. This also implies a silent consensus, where the issue has also been 'dealt with' in the writings on the subject and the authors move on. Levy-Warren (2014) highlights the therapist's own 'racial cultural self,' and the deeply personal meanings attached to this, as a commonly overlooked factor in the work. Levy-Warren makes explicit that she refers to counter-transference "in the 1951-Annie-Reich-sense" (p.134), in other words, the existing ideas, fantasies and feelings that the therapist brings into the consulting room with them. Part of the confusion in writings about issues of difference in the transference-counter-transference relationship is that different authors have rather different understandings (usually not made so explicit as in Levy-Warren's writing) about what the counter-transference is. This goes back to the heated debates of the 1950s; I return to the implications of these differences later.

More attention is given to thoughts, fantasies and feelings about difference in the *transference*. Both Ojumu (2012) and Gibbs (2009) stress the need to address these sensitively. Ojumu stresses that in order to work ‘effectively’ with the client, the therapist must give thought to what preconceptions the child might hold about the therapist. Bonovitz’ (2005) critique is helpful here. He argues that the transference-counter-transference relationship is co-constructed by both patient and therapist and that, in reality, it is impossible to assess where one ends and the other begins: in other words, he views the transference relationship as one *relationship*, not two separate phenomena. Moreover, Bonovitz views the cultural elements of the transference-counter-transference as an essential part of this relationship, not something to be “peeled away” or ‘dealt with’ in order to reach ‘deeper’, more important, layers beneath. Bonovitz also argues that therapists operate from a cultural position, which they cannot transcend: this implicitly suggests a fantasy within the profession of a position of neutrality, which Auestad would dub, “the view from nowhere” (Auestad, 2015, p. lxvii). I discuss this further later.

Authors discussing ‘cultural difference’ highlight the need not to ignore the reality of racist experiences in the patient’s external world, that is, not to focus solely on internal reality, or to view the internal world as more relevant to the work than the external (Andreou, 1999; Gibbs, 2009): this would both disregard the importance of the patient’s culture for his or her identity and ignores the impact of the therapist’s race or culture on the patient (Liggin & Kay, 2006). However, the therapist needs to avoid moving to the other extreme, where focussing on racial material allows uncomfortable feelings to be ignored, or where the therapist colludes with the

patient's fantasies about the world – this might be particularly a risk where therapist and patient share the same culture (Andreou, 1999).

Gibbs (2009) discusses some technical difficulties with working cross-culturally, including losing the subtleties of meanings where either patient or therapist is working in a language not their mother tongue, including loss of non-verbal cues (Basch-Kahre, 1984); working in a second language has been discussed elsewhere (Jiménez, 2004). The value of working with 'cultural difference' is also highlighted, such as the window onto the unconscious it might provide. Again, however, Gibbs does not elaborate here: the positive aspects of working cross-culturally are under-developed both in Gibbs' arguments and elsewhere.

'Race and Culture' in Psychoanalysis

There is a bigger body of literature on 'cultural difference' within the field of psychoanalysis or psychotherapy more generally – as opposed to child psychotherapy specifically – and much of this work is very recent, having been published in the years that this project was underway. Contemporary writings about difference tend, once again, to focus on racial differences and consider the power relations between black and white therapists within the profession and the effects of racial difference on our professional thinking.

Difference within the Profession

White Centre, Black Margins

Morgan (2008), conceptualizes the psychoanalytic profession as being comprised by a 'core' of white therapists, with black therapists existing at the margins. This

configuration is useful for thinking about the processes of racism in a number of ways. Firstly, Morgan raises the question of “*Whose problem is it anyway?*” and shows that, while the causes of the marginalization of black colleagues might lie at the white ‘centre’ of the profession, the *problem* is made to belong to those at the margins. Morgan explores Dalal’s concept of “whiteness as an organising principle in the unconscious” (Dalal, 1998) and suggests that the whiteness at the centre of the profession becomes invisible and that only blackness at the margins can be seen. This causes white therapists to feel ‘assailed’ from without and leads to great persecutory anxieties.

The notion of the ‘invisibility’ of whiteness is closely related to Lewis’ (2000, 2007) argument that the majority become de-ethnicized: thus, whiteness is set up as a ‘neutral’ category: “*the universal ‘human’ category*” (Lewis, 2007, p.874). She argues:

“First, that racializing culture is ordinary and saturates the everyday in multiple and complex ways. Second, that despite constructing asymmetrical power relations, in a racially ordered social formation, we are all racialized and implicated in the dynamics of racializing culture. Third, that ‘whiteness’ should be seen as a constructed category of belonging and social position, and that it needs to be ‘outed’ and dislodged as a position of dominance.” (p.884)

Likewise, Auestad (2015) argues that prejudices are largely unconscious to the majority population, who come to define ‘normal’, while others are forced to own all the consequences of ‘difference’:

“There is a sense in which there is systematically unequal distribution of subjectivity itself, in that socially marginal positions are denied a space for articulation, and also in being forced to hyper-reflectivity about qualities a majority member is free to unconsciously neglect... A central point here has been to indicate how what is taken to be an attitude of ‘neutrality’ may reproduce, or finalise, an already existing violence, and how, tragically the ability to spot such processes is limited in all of us” (p.14)

Auestad argues the absolute impossibility of taking up a ‘neutral’ position from which to address prejudice (the ‘view from nowhere’) and that attempts to take up such a position lend themselves to the reproduction of social violence. I examine the concept of ‘neutrality’ later, but consider Lewis’ and Auestad’s arguments that whiteness comes to stand for neutrality a crucial point that must be borne in mind throughout this discussion of the literature.

Colour Blindness

Morgan (2008) explores the ‘silence’ in the profession about the ‘noisy problem’ of asymmetrical power relationships between black and white – in particular, about the lack of diversity within the profession. She argues that failure to see or recognise difference – ‘colour blindness’ – serves a number of purposes for white members of the profession and leads to a number of consequences.

Firstly, it allows white members of the profession to avoid the shame involved in acknowledging any racist thought, fantasy or feeling; it also allows them to maintain the status quo (Lowe, 2006).

Secondly, ‘colour blindness’ creates a number of problems. For black members of the profession, it requires them to deny their blackness and any important aspects of their experience associated with this. For the profession more widely, or for the “*white psyche*” (Morgan, 2008, p. 35), it causes an emotional and intellectual impoverishment of the mind - a deadening of creative thinking.

Millar (2014) criticises the binary nature of the discourse around racial difference in psychoanalytic writings: the focus on ‘black’ and ‘white’ ignores the complex experience of being mixed race, both for the therapist and the patient, and the many meanings this might have. The complexity of the cultural experience of being mixed race is explored in detail: Millar explores this for the therapist and child patient, while Lewis (2009, 2012) reflects upon the many cultural experiences of family life.

Theorizing discrimination

Psychoanalytic authors theorise the processes of exclusion, either in the individual therapist, the professional group or in society more broadly (Dalal, 2006, 2008, 2011). Dalal emphasises the need not to lose sight of the power relations involved in forming and maintaining social groups and to remember that these are always active in an engagement between Self and Other and in shaping cultural practices. Dalal (2011) sees tolerance as an uncomfortable process: an ongoing state of discomfort due to something that disturbs one’s own equilibrium. He argues that a meaningful encounter with otherness is terrifying, as it opens the individual up to the possibility of having to change – this carries with it the potential for hopeful gain or profound loss. One potential gain is the possibility of seeing what is taken for granted, or

otherwise invisible, to the self. Dalal's work is helpful in reminding psychotherapists not to overlook the social and political dimensions of inequality: to keep power relations in mind. However, his work has also been criticised (Davids, 2003, 2011) as offering too thin an argument as to how racism or discrimination operate in the inner world of the individual. Dalal (2006, 2011) skips over this, arguing that psychoanalysis can only offer an explanation about *the individual*, where his interests lie more in the processes taking place in society. He goes further, asserting that theorizing discrimination in terms of the individual, or of the internal world, prevents us from engaging with the social phenomenon of racism (Dalal, 2002). Auestad (2015) makes a related point, that psychoanalytic accounts fail to see that prejudice is founded on a "*silent social consensus*" (p.1) and fail to grasp the reality of social violence: she therefore argues that psychoanalysis could usefully be enriched by critical social studies. Auestad also argues, however, that psychoanalysis is uniquely placed in offering the social sciences an understanding of the unconscious processes involved in prejudice. She makes a strong and convincing argument of the need for a psychosocial approach to understanding prejudice: the need to draw on understandings of both the internal and social features of prejudice. This argument is in fact prefigured in Dalal's writings (2002), arguing as he does for a complex approach, that is neither purely psychological, nor purely sociological, yet he appears to contradict this with assertions that a focus on internal mechanisms detracts from our grasping social realities. At any rate, the sort of complex approach he advocates is better offered in Auestad's work. Dalal's use of psychoanalysis is also primarily theoretical, exploring the contributions of key psychoanalytic theorists. Davids (2003) offers a critique here, emphasising the need for psychoanalysis to offer a

theory rooted in clinical practice, and not in over-arching social theory. He does just this in his 2011 book *Internal Racism*, discussed below.

Morgan (2008) considers the defences involved in professional thinking, arguing that, in examining the issues of racial exclusion frankly, therapists open themselves up not just to shame, but also guilt, envy, denial, defiance and the fears of exposing oneself, or saying something unforgiveable. The “silence” in the profession therefore serves to defend against a number of intolerable feelings. Davids (2014) also finds this silence striking. He contrasts how much has been written on certain forms of difference – such as the gender differences and generational differences of the Oedipus complex – with how little has been written on race, culture and social class, in particular. Several authors discuss the painful feelings that need to be avoided or defended against, in evading issues of difference: Auestad (2015) emphasises the transfer of shame and guilt onto others, whilst Keval (2016) frames the discussion in terms of a failure to tolerate anxiety, loss and mourning.

Morgan (2008) turns to Bion to conceptualise the processes of racial exclusion. She argues that his concepts of K and –K (Bion, 1962) are particularly helpful here: K is involved in getting to know somebody in an emotional sense and –K represents the drive to remain actively in ignorance. Lowe (2014), too, turns to Bion in his foundation of a ‘Thinking Space’ in which differences of experience and opinion are understood to be a necessary part of conversation, and of thinking together, and in which the ‘different other’ can safely come to be known, in Bion’s sense. Lowe emphasises the need for containment in the group for this process to take place successfully.

Internal Racism

Dauids (2011) argues a strong case for a better psychoanalytic understanding of racism. He offers a theory of “internal racism”, which he believes to be a normal and universal feature of the mind. Unwanted parts of the self are split off and projected into the other (the ‘racial other’); the self is then felt to be free of these hated aspects and the other is felt to contain them. Davids’ theory is distinguished from other theories of splitting and projection because he goes a step further: a defensive organisation in the mind, an ‘internal template’, is then set up to govern the relationship between this unburdened self and the other, now containing the hated aspects. Davids states that this defensive organisation is set up to govern unmanageable and overwhelming anxiety. The defensive organisation is threatened and the anxiety provoked anew should the other ever step out of their prescribed role and be seen, even momentarily, as ordinary; it is crucial that the other always be seen as different. Davids’ theory strikes me as the most original development in the psychoanalytic literature to date: he reached this point both by an extensive review of literature and through detailed clinical case examples, including thoughtful analysis of his counter-transference. Davids’ presents two clinical cases, described at length, such that the reader might evaluate his analysis of the material; he also incorporates short vignettes from his personal life, which are helpful in highlighting his points, but otherwise serve as anecdotal evidence. Davids’ ideas are borne out by my own findings in this project – though these were reached independently – and his description of an internal racist defensive organisation is helpful in thinking about these, as I argue later.

Universalism and Relativism in Psychoanalytic Theory

Some debate within contemporary psychoanalytic writings concerns whether psychoanalytic theory is universal, and can be applied to all, or whether there needs to be room for cultural relativism, adapting theory accordingly.

Lowe (2014) writes that the profession easily dismisses issues of cultural and racial differences as irrelevant as they are ‘political’ and therefore ‘external’, where psychoanalysis should concern itself purely with the internal world. Lowe argues that this is a fallacy as it assumes that there is no relation between the internal and external worlds; he goes further, arguing that issues of race, culture, class, sexuality and so forth are in fact “vibrant” aspects of the internal world, affecting feeling, fantasy, identity and relationships (Lowe, 2014). He argues that this position within the profession is a defence against having to live with the realities of race and class and all that these imply. Lowe’s arguments are convincing and, moreover, are consistent with debates from within the social sciences: these argue against universalism in psychoanalysis on the basis of differences of gender, sexuality and social class, as well as race and culture (Seu & Heenan, 1998).

Morgan (2008) argues that psychoanalytic theory is indeed universal and robust enough to open itself to debate and criticism. She asserts that it can withstand both external attack and internal angst. Morgan goes further, arguing that it is anxieties about being racist that lead analysts to abandon their analytic frame inappropriately and that good clinical practice is eroded as a result. Unless I misunderstand her meaning here, Morgan appears to have fallen into the trap that she herself warns against: that in theorizing racism, one can unwittingly reinforce it (Kovel, 1988).

Morgan herself asserts that she believes that psychoanalytic theory does attempt to put forward a universalist position; Auestad (2015) goes further, calling it a ‘master discourse’. Both Morgan and Auestad imagine that, if marginal voices were more heard, psychoanalytic theory and discourse would be changed, yet enriched: in other words, a change for the better. However, Dalal (2011) highlights the profound loss and terror involved in facing change. Krause (2014) debates the extraordinarily strong pull of the universalist-relativist debate – the constant tug towards taking up one or other position, rather than maintaining the tension between the two. Perhaps it is this that led Morgan to make an assertion that appears otherwise at odds with her writings. I believe that these authors are trying to grapple with a fantasy that, were psychoanalytic theory to become more engaged with discourses about difference, clinical practice would become diluted, eroded, polluted: it is this that leads authors to reassert the primacy of clinical boundaries and the psychoanalytic frame.

Binary Thinking and Third Positions

Krause (2014) explores the tension between universalist and relativist positions. She holds that both positions can be equally discriminatory: universalism obliterates difference, while relativism exempts the majority from having to engage with difference. Krause argues that there is a constant pull, when theorizing, toward one position or the other: either we are all fundamentally the same or we are all fundamentally different. The universalist-relativist debate causes complexity and tension from which there is no escape. Dalal (2009) makes a similar point: people are not just either similar or different, they are both similar and different at the same time, all the time. Hoggett (1989) writes about our difficulties in tolerating tensions in our understanding of things: bearing the disappointment that our understanding can only

ever be ‘good enough’ and the depressive anxieties aroused by ‘letting go’ when we loosen our ‘grip’ on understandings that do not conform to hoped-for clear-cut truths. There is a lot involved in tolerating both ‘not knowing’ and the tensions caused by complex realities.

Krause’s solution is to suggest a ‘third’ position, in which one takes up neither a universalist, nor a relativist position, but from which one is able to keep the complexity of the two in mind, bear the tension this causes, and thereby stay with thinking and making links. Her argument is that it is extremely difficult to ‘stay with’ this thinking and particularly to reflect upon the *links* between internal processes and social contexts. In suggesting a third position, Krause references Britton (1989), for whom the oedipal triangle and particularly the opportunities both to be an observer of a relationship and be observed in return, create an internal (triangular) space in which thinking is possible. Krause suggests two other theorists, namely Winnicott and Bourdieu, whose work she sees as complementary and whose theories can help us hold on to a ‘third position’: here, she is particularly referring to Winnicott’s (1971) understanding of culture being located in transitional space and transitional phenomena and Bourdieu’s concept of habitus. For Krause, these offer more detailed thinking on the internal (Winnicott) and social (Bourdieu) dimensions of culture and can assist our clinical thinking insofar as they help us resist the pressure of the either-or, binary thinking involved in relativism or universalism.

I broadly agree both with Krause’s argument and her choice of theorists to inform this debate. However, a useful caution comes from Auestad (2015), that a ‘third position’ is not a ‘view from nowhere’. Auestad’s writings are also concerned with the pull of

either-or binary thinking and the need to find an alternative position. Though Auestad draws on different thinkers, and writes from a different perspective (namely, giving a philosophical argument, rather than theory informed by clinical work), there are many similarities between Auestad's arguments and Krause's. Auestad, however, goes into more detail here: a third position cannot be a view from nowhere, for this pulls us into a fantasy about a neutral position from which to take up reflections either on this debate or in clinical psychotherapy. Auestad argues that there is frequently a wish to take up such a position in psychoanalysis; she criticises this both as an impossibility and as ultimately contributing to violence, that is to the very phenomena it wishes to theorize and avoid.

“A seemingly “neutral” third-person perspective easily lends itself to support for violence perpetuated by a majority towards a minority representative in a way that is habitual, unspoken and unthought. This contention is linked with the point that the relevant area of investigation is not just verbal or physical attacks or harassment, what would strike an observer as more than the average, as abhorrent, but also the ordinary, implicit, habitual, traditional and often unconscious, which most often does not come into view at all.”

(Auestad, 2015, p.xxiv).

Auestad's arguments are philosophically coherent and particularly helpful in understanding the findings from my interview data, as I argue later.

Kovel (1988) and Brooks (2014) both issue similar warnings: Kovel asserts that the psychology of racism is itself created by racism and, in theorizing it, we risk reinforcing racism. For Brooks, when we think about racism, there is a risk that we might not be thinking at all: the creation of theories about racism can easily become a

defensive means of avoiding and evading thoughtful engagement with the concepts of race and culture, allowing us to protect our own ways of thinking and being. For Auestad, the either-or binary thinking that impoverishes the debates on prejudice and difference within psychoanalysis is one of subject and object: too much emphasis is placed on the subject and not enough on the subject-as-object. The subject-as-object is both subject and object simultaneously: the subject-as-object is the recipient of projections from the social world and these shape the subject's attention to, and discovery of, the object.

Auestad (2015) turns to Hannah Arendt (1958) in order to offer an alternative to binary thinking. Arendt's perspectivism emphasises a plurality of perspectives, the multiplicity of experience, including the multiple identities of the individual. For Auestad, Arendt's perspectivism is about making room for others and for many points of view. The 'space' it offers is the 'in-between', unique and precious, that can exist between the self and others. This in-between is, in her terms, not so much for thought (as in Krause's and Britton's work) as it is for the creation of *meaning*.

The consequence of using Arendt's perspectivism and its emphasis on plurality or multiplicity is a 'messiness' to theory. In trying to 'tidy up' theory, we lose something. Sinason (1989, 1992) draws our attention to attempts to 'tidy up' language with euphemism when debating areas of life that are particularly difficult, painful or arouse political and social fears. Inclusion of Arendt's ideas, then, requires an ability to tolerate theory that does not provide answers or clear-cut ways of understanding.

Implications for Clinical Practice

Morgan (2008) takes up the concept of “internal racism” (Davids, 2011) and argues that this has implications for both training and practice. In terms of training, she argues that most analysts will not have examined internal racism in their training analyses and that it therefore remains an unknown area of mental life. It is also unlikely that professionals will seek to explore this once a training analysis has ended.

Morgan (2008) argues that black trainee therapists are likely to have much more knowledge of race and racism than their white analysts or white supervisors. This puts the patient or student in the position of knowing more than the clinician or teacher. If these positions are not addressed, then the ‘problem’ becomes that of the trainee, who must hold all the difficulties of their experience. If the supervisor or analyst is particularly invested in remaining in the position of ‘knowing’, there is a risk of a destructive process taking place. For true learning, supervisors and analysts must recognise their own *not knowing* their internal racism; however, this is very difficult because of the need to maintain an idea of a benign self. Where this is not possible, ignorance and incompetence must be projected into the trainee, thus reinforcing the dynamics of internal racism itself.

Lowe (2014) makes a compelling argument for on-going, regular spaces in which members of the psychoanalytic (and other) professions can think about ‘cultural differences’ – and other forms of difference. He argues that, despite the increasing amount of space given to thinking about difference on psychoanalytic trainings, these events tend to stand alone: a tokenistic gesture is not the point. Lowe, like Morgan (2008), turns to Bion in thinking about difference – this time with respect to learning.

Lowe founded the *Thinking Space* at the Tavistock Clinic, a regular multidisciplinary meeting for considering a broad variety of issues around difference. His idea was to use Bion's concept of containment in order to create a space safe enough in which to explore these issues: the aim is for the learning in these meetings to stay true to Bion's concept of K, that is, not as an abstract intellectual activity, but a genuine knowing of self and other – getting to know “the self and the different other” (Lowe, 2014, p.5).

‘Neutrality’

The idea of the analyst's ‘neutrality’ crops up again and again in writings about race, culture and difference in psychotherapy (Auestad, 2015). Auestad critically dubs this the desire to take up a ‘view from nowhere’. Ideas, or fantasies, about neutrality have a long history in psychoanalysis and are also closely linked to how the concept of counter-transference is theorized. Crucially, as I have argued before, neutrality becomes synonymous with whiteness (Lewis, 2000, 2007): the inability to recognise whiteness as a racialised category means that the very concept of ‘neutrality’ becomes complicit with the perpetuation of racism (Auestad, 2015).

The idea of the analyst's being ‘neutral’ or maintaining a neutral stance can be traced all the way back to the writings of Freud. Freud describes the state of mind that the clinician must maintain as “evenly suspended attention”, (1912, p.111), which he defines as “not directing one's notice to anything in particular” (1912, p.111). The reason he gives for this is that in being drawn to focus on a particular aspect of the patient's material, the analyst risks missing other communications and thus allowing his own expectations or inclinations to shape the patient's material, thereby

“falsifying” it. He describes keeping “*an open mind, free from any presuppositions*” (1912, p.114). In these early writings, Freud advises an “emotional coldness” (1912, p. 115), like that of a surgeon, who puts aside all his feelings, including his ‘human sympathy’, in order to perform his work. Freud’s argument here is that this coldness will protect the analyst’s own emotional life from the resistances of the patient and will provide the patient with the best course of treatment. Moreover, the analyst must also be capable of listening *with* his own unconscious to the unconscious material of the patient. He must therefore be able to listen *to* his unconscious whilst listening to the patient, and avoiding any resistances this might cause within himself: failure to do so would distort the patient’s material. Freud therefore emphasizes the importance of the analyst’s having first submitted to his own psychoanalysis, in order that he might be well aware of the sorts of conflicts that arise in relation to his own unconscious material. This is put into very stark terms: “*It may be insisted, rather, that he should have undergone a psycho-analytic purification*” (1912, p.116). The word “purification” here seems particularly strong, as though one could become rid of, or at least familiar with, all of one’s unconscious conflict.

Freud warns against any self-disclosure on the part of the therapist, arguing that this only increases the patient’s difficulty in uncovering his unconscious and overcoming his resistances. Freud’s recommendation is that the analyst maintain anonymity: “*The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him.*” (1912, p.118). Interestingly, Freud here digresses to say that, in practice, many analysts might stray from this technique and use suggestive methods successfully, and especially in particular circumstances, such as when working in institutions. However, this is not to be regarded as ‘true’ technique:

“But one has a right to insist that he himself should be in no doubt about what he is doing and should know that his method is not that of true psycho-analysis.” (1912, p.118). This would take us into the debates around what counts as ‘proper’ analysis and what is seen as “applied” work (Blackwell, 2005).

The term “neutrality” appears only once:

“In my opinion, therefore, we ought not to give up the neutrality towards the patient, which we have acquired through keeping the counter-transference in check.” (Freud, 1915, p.164)

This term, however, is Strachey’s translation, since the term Freud uses is “Indifferenz”. He quickly goes on to say that the analyst must practice “abstinence” in the treatment. Here, he is discussing quite specifically the circumstance of an erotic transference from patient to analyst and warns against both returning the patient’s feelings and avoiding them: the transference is to be treated as such and worked through.

Though Freud did not use the term “neutrality” in his own writings, it seems from the above that he gives a lot of indications as to what the stance of the analyst in relation to the patient ought to be. Several authors assert that Freud had little to say on the matter and that it was Anna Freud (1993 [1936]), who first ‘defined’ neutrality (Goldstein & Goldberg, 2004; Greenberg, 1991; Spector Person, Hagelin, & Fonagy, 1993). However, Anna Freud does not in fact use the terms ‘neutral’ or ‘neutrality’. She describes the stance of the analyst thus:

“He directs his attention equally and objectively to the unconscious elements in all three institutions. To put it another way, when he sets about the work of

enlightenment, he takes his stand at a point equidistant from the id, the ego and the superego” (Anna Freud, 1993 [1936], p.28).

Anna Freud goes on to argue that analysts ought not to privilege unconscious material at the expense of looking at other parts of the mind: in particular, she draws attention to the functioning of the ego and the defence mechanisms it employs. Though “neutrality” here is my term, not Freud’s or Anna Freud’s, both describe a ‘pure’ or ‘objective’ stance.

Khanna (2003) draws attention to the colonial, Enlightenment context for Freud’s views and his attitude to science and the scientific and how poorly these treat ‘other’ peoples. Layton (2012) reminds us that both analyst and patient are placed in particular social contexts; she argues that the disavowal of this, or the attempt to separate psyche and the social, as she puts it, contribute to “perverse pacts” in the analysis (p.62). By this she means, missed opportunities and periods of stuckness in the analysis, with which the analyst colludes.

Ideas about a pure, objective or ‘neutral’ stance in psychoanalysis persist, however. Other authors also describe the analyst’s stance: Bion (1967), describes the state of mind needed for undertaking clinical work as avoiding both “memory and desire”. He emphasises to the reader that the crux of psychoanalytic work is to attend to what is happening in the session *now* – to work in the here and now. References to past sessions or hopes for future ones interfere with the analyst’s ability to attend to any moment-by-moment evolution in the session. He describes the state of mind the analyst must achieve in order to carry out clinical work: he must have had a thorough

analysis and must “*discipline his thoughts*” (p.244). He adds: “*Every session attended by the psychoanalyst must have no history and no future. What is ‘known’ about the patient is of no further consequence: it is either false or irrelevant.*” (p.244). Though Bion does not refer here to the social or cultural contexts of patient and analyst, it is hard to see what room there could possibly be for these in Bion’s model. Mitrani (2011), in her discussion of Bion’s (1967) *Notes on Memory and Desire*, however, emphasises the importance of tolerating ‘not knowing’ in order to be able to hold this state of mind in practice. Accepting what one does not know has been stressed elsewhere (Gibbs, 2009) as an important feature of working with difference.

Mitrani (2011), in her discussion of Bion, also draws direct parallels to the interaction between mother and infant, where the mother/analyst contains the unprocessed or unbearable feelings of the infant/patient. She argues that Bion’s model of working without memory or desire best equips the analyst to receive these feelings (beta-elements) and contain them accordingly. This maternal metaphor is also employed in Winnicott’s model (Slochower, 1996), where the analyst must be attuned and receptive to the patient in order to provide a maternal ‘holding’ function.

Raphael-Leff (2010) provides a feminist critique to these models of psychoanalytic theorizing, whereby the mother-infant relationship is taken as a model for the psychoanalytic setting. She argues that heterogeneity is missing from psychoanalytic theory: particularly, where ordinary maternal negativity is missing from theory, it allows the mother-infant relationship to be idealised; where this forms the basis for theorizing the clinical situation, it provides a distortion, allowing the analyst to be

seen as a blank screen. Raphael-Leff argues that Freud, Bion and Winnicott all fall into this trap, despite Winnicott's having given thought to ordinary maternal hatred (Winnicott, 1947).

I cite Raphael-Leff's critique as I believe her point about the over-valuation of the maternal model in psychoanalytic thought to be an important one. Feminist theory has also been particularly helpful in reminding the profession of the social and political situatedness of therapist and patient (Brown, 1994). I do not intend to explore feminist critiques in more detail, however, simply as this represents such an enormous body of literature and an area of study in its own right (Heenan & Seu, 1998).

Many authors argue that analytic neutrality is, in fact, impossible to achieve (Goldstein & Goldberg, 2004; Greenberg, 1991; Renik, 1995, 1996), but that it is still seen as an ideal to strive for (Goldstein & Goldberg, 2004). Arguments against neutrality are not new: Balint & Balint argued in 1939 that the analyst must in fact impact on process in countless different ways. Renik (1996) argues that attempts at neutrality are actually counter-productive, or counter-therapeutic, as they render the analyst too inactive in circumstances where interpretation would have been helpful to the patient.

Goldstein and Goldberg (2004) go so far as to state that neutrality is "uniformly" viewed as impossible to achieve. Eickhoff (1993) calls it a "utopian ideal" (p.40). If this were so, it is curious that it is still so widely seen as an ideal to strive for (Goldstein & Goldberg, 2004). Perhaps one difficulty here is that some authors pit

‘classical’ psychoanalytic neutrality against other ‘dynamically oriented’ or ‘relational’ models of psychotherapy, where self-disclosure from the analyst is seen as helpful.

Goldstein and Goldberg (2004) rather sit on the fence here, presenting two very different approaches and concluding that different treatment modalities are helpful to different kinds of patient. However, underpinning this is the idea that to accept a non-neutral stance, therapists become involved in self-disclosing and that this represents a different ‘modality’ of therapy. Renik (1996) makes this complaint: that to present a non-neutral, subjective concept of the analyst brings on accusations that the treatment in question is not analysis, but ‘counselling’. Renik makes the case for a boundaried analyst, but one who nevertheless understands themselves as making use of a non-neutral, subjective self in the process of the analysis. Greenberg (1991), also tries to find a middle ground. Where Renik rejects the concept of neutrality, Greenberg states that the concept of neutrality is still useful: he argues that there is a helpful stance for the analyst to adopt, which he calls “impartial”. In his view, the analyst is non-neutral and does participate in the process of psychoanalysis, but maintains enough ‘impartiality’ in order to make room for both a negative and a positive transference from the patient.

Given that these more balanced views, where ‘real’ psychoanalysis can be done by non-neutral subjective analysts, who nonetheless do have some kind of clinical ‘stance’, are not new, it is striking that ideas of classical ‘neutrality’ persist in the literature, or that these continue to be placed in a false dichotomy with other therapy

modalities, which focus less on transference and more on the maintenance of a positive working alliance.

Counter-transference

I believe that one reason why the fantasy of the neutral analyst persists despite widespread acceptance of the cultural and social positioning of the therapist is that an idea of ‘neutrality’ is so closely tied to the concept of counter-transference.

Discussions of counter-transference characterize theories as ‘classical’ or ‘totalistic’ (Kernberg, 1975; Lanyado 1989). Briefly, theories are seen as either understanding counter-transference to refer to the analyst’s own feelings, which might interfere with the patient’s treatment if not kept in check, or the totality of feelings experienced by the analyst, which principally emanate from the patient and serve as a crucial tool for understanding the patient and the process of therapy. The latter view is largely attributed to Heimann (1950). Holmes (2014) argues that this characterization of the debates is in fact an over-simplification and that there is evidence from Freud’s correspondence that he was coming to see counter-transference as an essential component of the analytic process. The nature of counter-transference was hotly contested through the 1950s, with authors forming groups around Paula Heimann’s (1950) ‘totalistic’ and Annie Reich’s (1951) ‘classical’ positions.

An enormous amount has been written on the nature of counter-transference; I raise it here because it has such a close tie to an idea of neutrality. There is much confusion here: criticism of the notion of a ‘total’ counter-transference includes the worry that the analyst would be shifted *from a neutral position*, allowing the personality of the

analyst to interfere in the treatment (Lanyado, 1989). However, proponents of the ‘classical’ view use the concept of counter-transference as ‘that which the analyst brings with them’ to argue that neutrality is a myth, tied up with a fantasy of a ‘perfect’ analyst (Reich, 1951).

Bonovitz (2005) does not hold with such a clear cut distinction: he argues that counter-transference is the totality of feelings and impressions held by the analyst, *including* the analyst’s own internal conflicts and real relationship to the patient. It seems that there is some agreement here in explicitly acknowledging that one’s cultural situatedness and all that this carries with it forms part of the counter-transference – and, moreover, that this view can be held on both sides of the classical/totalistic debate. More specifically, Bonovitz argues that the counter-transference in child psychotherapy is different to that in adult psychotherapy in so far as it often reawakens childhood memories in the analyst. Bonovitz also emphasises the sensory aspects of working with children – more noise, more smells, use of the body in play, use of all senses in art works and in handling toys – in short, the physicality and sensory nature of the work arouses further memories and sense impressions in the therapist. Lewis (2012, 2009) explores the importance of the sensory world in transmitting cultural experience in childhood and between generations. Bonovitz argues that work with children presents the analyst with rich opportunities for engaging with childhood through memories. Following Lewis, however, I would take Bonovitz’ argument further and suggest that it also affords plenty of opportunities for engaging, or re-engaging, with our own cultural experiences.

Authors exploring issues of ‘cultural difference’ specifically are well aware of its impact on the transference-counter-transference relationship. Akhtar (2006) and Eleftheriadou (2010) assert that the relationship is highly charged with racial, cultural and historical dynamics from the outset. A claim to cultural neutrality on the therapist’s part then robs the analytic couple of abilities to make cultural connections, positive or negative, and robs the patient of the ability to make speculations or observations of the therapist (Thomas, 1995): it thus impoverishes the thinking that can take place.

Unconscious Fantasies

Gibbs (2009) and Krause (1998), writing about child- and adult psychotherapy respectively, highlight the importance of the therapist’s awareness of and examination of his or her own unconscious fantasies, assumptions and prejudices about ‘cultural difference’. Perhaps the fullest exploration of the unconscious processes present in cultural phenomena, race relations and, in particular, racism is offered by Fanon (2008 [1952]).

Fanon’s (2008 [1952]) key argument is that the white man holds an ‘imago’ of the black man and vice versa. These imagos are born of the collective unconscious – inherited from the cultural and political structures of society. Therefore, when the black man and white man meet, they do so with inherited unconscious cultural preconceptions of the other. The white man considers himself superior; the black meets in the white man not just the ‘other’, but the master. For both, whiteness is associated with civilization, ‘culture’ in the sense of high culture, goodness, purity, virtue. Blackness is associated with ugliness, ignorance, simplicity, virility, sin. Both

the white man and the black man are equally 'enslaved' by these rigid positions that they take up. There is therefore an internal process of identification with these positions of superiority and inferiority. The creation of these positions is two-fold: both economic – the reality of economic superiority and inferiority in social structures – and their internalization (or “epidermalisation”).

For Fanon, the role of the psychoanalyst is to help the patient examine his unconscious conflicts, such that he becomes able to make a choice in relation to the true source of his conflict, which is the social structure. Fanon also stresses the care needed for the analyst to avoid inserting his own unconscious imagos into the mind of the other.

Fanon (2008 [1952]) particularly explores how parts of white sexuality are split off and projected into the black and how both races then respond to this. Davids' (2011) also draws our attention to the violence, also split off and projected, in Fanon's examples. Fanon (2008 [1952]) explores unconscious fantasy through two hypothetical sexual couplings: that of a black woman with a white man and that of a black man with a white woman. His exploration of fantasies of superiority, inferiority and power are therefore bound together with fantasies of attractiveness, promiscuity, virility and procreation, such as those of the black woman, who, in fantasy, can become 'whiter' through bearing mixed-race offspring. Or for the black man, who, in entering a white woman sexually, has the fantasy of *being* white, of having his body transformed into that of a white man through union with a white woman. Fanon pays much less attention to what the fantasies of these white sexual partners might be, but it does appear that, in his work, white fantasies of lust, sexual prowess, sexual

appetites, fornication and adultery are conveniently projected into the black, allowing their whiteness to be associated with chastity, honour, beauty and genetic superiority. This is consistent with Auestad's (2015) emphasis on the need to transfer guilt and shame through racist thinking.

Kovel (1988), like Fanon, emphasises the sexual nature of racist fantasy. He argues that hatred is always tied to love, that is, infused with sexuality. Where Fanon particularly theorizes colonialism, Kovel focuses on slave-owning societies, namely the American South. Kovel asserts that "*Sexuality in racism is not an isolated phenomenon, but is intimately connected with power and dominance*" (p.68). Kovel also describes fantasies of blackness as dirt, contagion or even 'devilment'. He emphasises the role of gender in these fantasies, where there is a fantasy of "purity" in the white, female body. Kovel discusses the strictures on white women in the traditional American South, including the deprivation of their sexuality both in the requirements of chastity, and that they should not nurse their own infants; excessive sexuality is then attributed, in fantasy, to the black woman and wet nurse. Lewis (2000) and others (Marriott, 2007) remind us how interconnected issues of race, class and gender are: this intersectionality is pertinent when considering Kovel's contributions.

Keval (2016) also emphasises the sexual nature of racist fantasy: for him, the racist feels him- or herself to have been robbed or cheated by an imaginary (sexual) couple. There is thus a "racist scene" that is closely linked to fantasies of a primal scene. In this fantasy, the potent couple is imagined to produce interlopers who rob, deplete and contaminate what was imagined as 'pure'; moreover, this couple enjoys pleasures

from which the individual is excluded. This is clearly bound up with Oedipal conflicts and, as such, racism involves a regression to a pre-Oedipal fantasy of a pure, uncontaminated maternal space, which is not intruded into by complexity, difference and diversity. A move to a more mature, three-dimensional thinking necessitates the recognition of the sexual and generational differences that are present in the Oedipal situation: it is these that Keval holds to be the basis for diversity. Keval argues that racist fantasy seeks purity in the form of certainty and is not able to bear the anxiety aroused by not knowing and by the fluidity, hybridity and connectedness of human nature. Keval's arguments are based on a mix of personal reflection and clinical evidence – these are presented as many short clinical vignettes, which arguably both provide plenty of examples to his reader, whilst perhaps giving too little clinical detail for the reader to evaluate the evidence base for his claims. However, he presents a coherent argument and his ideas about 'purity' and a 'pure maternal space' are particularly helpful in relation to the findings of my study, as I argue later: these ideas were not used in generating my findings, but in order better to understand the data.

Khanna (2003), writing from a non-European, post-colonial, feminist point of view, holds psychoanalysis to be a masculinist and colonialist discipline: psychoanalytic theory came about through – and remains rooted in – Western thought traditions and Western politics, specifically the emergence of the European nation state. She describes the unconscious processes involved in psychoanalytic thinking. She argues that the concept of the self – the individual's way of being – which lies at the heart of psychoanalysis, is a European self, which can only exist in opposition to a primitive (non-Western, colonised, feminine) other. Following Heidegger (1936), Khanna uses the concept of "worlding" and holds that the European self is worlded – it is brought

into the world, into ‘unconcealment’, into being-in-the-world, into language, through a process in which the other is “earthed”; the primitive, the colonised, the feminine are forever banished into the earth, into timelessness and concealment. This allows us to understand events: the production of language brings something into the world and simultaneously traps something else in the earth; it is a violent process. The European self, and with it psychoanalytic thought, can exist only through strife and only at the expense of those banished as primitive. Moreover, the psychoanalytic tradition has formalized and normalised an idea of ‘being’, which is in fact constituted of colonial politics. This presents psychotherapists working with ‘cultural difference’ with a great challenge to the theoretical framework they employ.

Khanna’s ideas are consistent with the writings of other theorists here, though they might employ very different language. Kovel (1988) considers blackness to be “banished from sight” in racist fantasy (p.63). Hillman (1986), using Jungian terms, considers that the white casts its shadow into the black. Morgan (2008), taking up this idea and using Kleinian terms, frames this in terms of projection and highlights that with all projections, something is lost. The theme of loss here is important – writers struggle to name what it is that is lost. Similarly, my interviewees claimed that therapists ‘gain’ much by undertaking work across ‘cultural differences’, but could not say what might be gained. Perhaps we do not know exactly what has been lost: Khanna’s notion of banishment into the earth is useful here as it emphasises the loss. How can we know about ideas and experiences that will never see the light of day?

Keval (2016) also emphasises loss and mourning. For Keval, it is the acknowledgement of difference and diversity that involves loss: in giving up a racist, regressive fantasy of a pure, uncomplicated space, there is the loss of the “*sense of the familiar*” (p.xix). This loss must be mourned, and the fluidity, hybridity and complexity of thought that this then ushers in arouses anxiety, which must further be processed. Keval uses the term “the racist imagination” to emphasise that racist fantasies are states of mind that individuals move in and out of. Racist fantasies limit the functioning of the mind, yet in order to enjoy the spontaneity of thought processes that occur within an Oedipal, triangular mental space, we must bear the painful processing of loss and anxiety that go hand-in-hand with these gains.

I have relied heavily on Auestad, Keval and Davids: the latter two present arguments that are based in clinical practice and systematic theoretical reflection, while Auestad adds a philosophical dimension. Their coherent arguments form a useful basis for the theorisation of my own data.

Having reviewed the literature on the most important terms and ideas in the area of ‘cultural difference’ within child psychotherapy, I now turn to exploring empirical research in these areas and to considerations of methodology.

METHODOLOGY

Researching Fantasy

The unconscious as conceived by psychoanalysis is rather difficult to get to know, being not only inaccessible to conscious thinking, but actively repressed and defended against. Freud (2001 [1901]) describes many situations in which the unconscious makes itself known and knowable, outside the clinical setting, through parapraxes, or ordinary ‘Freudian’ slips of the tongue, slip-ups in actions or significant things slipping the mind. Rustin (2007) describes how the unconscious makes itself known only in disguise: *“in dreams, in symptoms, through the body, by displacements and condensations of meaning”* (p.1). Psychoanalysis traditionally considers the unconscious to become knowable through the analytic setting, with the exploration both of clinical material and the transference-counter-transference relationship.

Even so, it is clearly not an unproblematic proposition to examine fantasy, and with it perhaps unconscious fantasy, through interview-based research. I would argue, however, that this does not mean that it cannot be attempted. Indeed, there are a number of studies making use of qualitative interview data that draw out themes or conclusions relating to fantasy and unconscious fantasy (Cartwright, 2004; Frosh, Phoenix & Pattman, 2005; Hadge, 2012; Senet, 2004). Frosh, Phoenix and Pattman (2005) used a psychosocial methodology (open, narrative-style interviews) and two forms of data analysis – both thematic analysis and narrative analysis – to examine various aspects of boys’ construction of masculinity. Here, the data analysis drew out themes relating to unconscious fantasy. Similarly, Cartwright (2004), though he does not use the term ‘psychosocial’, seeks to establish a very similar methodology: he argues that psychoanalytic techniques can helpfully be employed in research to assist

both data collection and data analysis. As such, his 'Psychoanalytic Research Interview' uses open, narrative-style interviews and the data analysis pays attention to transference and counter-transference. This was with an explicit aim of paying attention to unconscious fantasy and unconscious meanings in the resulting data. Senet (2004) uses a very different methodology to examine children's fantasies about gender and the body. She presented three- and four-year-olds with 'puzzle' dolls and tasked them with constructing a boy and a girl. She makes explicit reference to fantasy in her results, particularly regarding bisexuality and genital envy; she draws the distinction between what small children know about the body and their fantasies.

It is encouraging that these creative methodologies are emerging in order to broaden research to take in such concepts as fantasy. However, these studies all draw inferences about fantasy from their data as though this were unproblematic and do not acknowledge the contested area that they find themselves in. None of these authors has particularly distinguished between fantasy and *unconscious* fantasy and, as such, they have not engaged in debates about how unconscious fantasy might be explored. However, their psychoanalytic theory of mind clearly informs a research methodology, in which fantasy is understood to be an important and interesting feature of lived experience and therefore of research data.

If one accepts a psychoanalytic view of the unconscious as knowable only indirectly, it is not clear to me how one would set about to research unconscious fantasy explicitly. As such, I limit my own study to fantasies that are manifest and explicitly referred to in the interviews. I discuss the methodology and its implications in more

detail later. However, it is important to note the precedent for using psychosocial methods to examine fantasy in qualitative interview data.

Empirical Research

The existing literature in the areas of cultural, racial or class difference includes a number of qualitative research studies. Several studies examined the experience of therapy of particular adult client groups, such as immigrant survivors of political violence (McKinney, 2007): this used ethnographic observations informed by counter-transference. Other studies have researched the effect of ‘cultural difference’ in the therapies of Korean-American patients (Cynn, 2005) through interviewing therapists and conducting a thematic analysis; this study concluded that therapists need to “be mindful” of ‘cultural difference’ and it examined more closely the concept of “hope” in these therapies. An interview-based study of therapists’ experiences of working with older adults (Atkins & Loewenthal, 2004) used a heuristic approach and found ‘cultural difference’ to be one theme that emerged. Research into the impact of ‘cultural difference’ in psychotherapy with Chinese clients (Jim & Pistrang, 2007) also used semi-structured interviews and thematic analysis, but was based on interviewing the clients themselves. Research into cross-cultural work with the Orthodox Jewish community (Loewenthal & Rogers, 2004) used interviews with therapists, clients and members of the community and examined several different treatment modalities. The study highlighted the need for greater vigilance about confidentiality for this client group. Other studies have used one single case, such as the experience of a Jamaican mother of filial therapy (Edwards, Ladner & White, 2007) or the experience of an African-American man of psychoanalytic psychotherapy (Qureshi, 2007). Qureshi uses a hermeneutic

phenomenological approach and concludes that there was an “absent presence” of issues of race in the therapy. Cultural issues and those of trust were identified and these were found to contribute to both the positive and negative aspects of the client’s experience of therapy. More recently, a comparative study of the perspectives of clients from different cultures (comparing US with Argentine psychotherapy patients) on their experience of psychotherapy (Jock, Bolger, Gómez Penedo, Waizmann, Olivera, & Roussos, 2013) used semi-structured interviews and a consensual qualitative research methodology. In this method, interviews are coded independently, but the researchers then come together to reach consensus on the coding. This study found considerable difference in how the North- and South-American patients experienced the therapeutic setting, interventions and change. The authors argue that this has implications for the validity, cross-culturally, of current definitions of treatment efficacy.

One qualitative study focussed specifically on the experience of using child and adolescent mental health services (CAMHS) for members of the Gujarati community (Dogra, Vostanis, Abuateya & Jewson, 2007). The study used semi-structured interviews with parents and young people from the Gujarati community and related to all mental health treatments offered by the clinic. It found the quality of service to be more important to the clients than the service’s responsiveness to culture. The study concluded that further research was needed to consider whether ethnic minority families should be considered a homogenous group.

One research study examined psychotherapists’ views on working with differences in social class (Ryan, 2006, 2014). This made use of semi-structured interviews and a

grounded theory approach to data collection and analysis. Ryan chose to inform the participating therapists in advance about the interview questions, as she found them to need more time to think in detail about their clinical work than it was possible to give during the interview itself. Her findings suggest that many questions can be raised about how social class differences affect transference, counter-transference, anxieties and projections.

Only recently have studies of difference begun to appear within the field of child psychotherapy: these are qualitative research studies from clinical doctoral work. Watt (2015) used Interpretative Phenomenological Analysis to examine the kinds of concerns that led Bangladeshi families in London to seek help and what form of help was sought. Her findings suggest that the parents she interviewed found it easier to access outreach-style mental health services, based in children's centres, which she suggests are able to serve an important social function as an alternative 'village' for those having to parent far from their country of origin. Millar (2014) used Grounded Theory to examine a single case study, in which both patient and therapist had similar mixed-race heritage. He argues that the counter-transference was particularly useful in understanding issues of identity, race, gender and attachment; Millar uses Money-Kyrle's (1978 [1956]) understanding of counter-transference as both introjective and projective.

There are thus a number of very different empirical research studies from within the psychotherapy professions, or that make use of psychoanalytic thinking. My own study uses a psychosocial methodology and I explore this in more detail below.

Qualitative Research in Child Psychotherapy

Research within the field of child psychotherapy has gathered pace considerably in recent years (Midgley, 2009; Midgley & Kennedy, 2007). A decade ago, use of qualitative research methods in this field was sufficiently novel that Midgley wrote: *“To my knowledge, virtually no child psychotherapists have, up until now, published research making explicit use of qualitative methodologies.”* (Midgley, 2004, p.93). He makes a strong argument for the complementary nature of qualitative methods and the field of child psychotherapy research; this is echoed in the area of qualitative research methods in other therapy modalities (Burck, 2005). In a footnote to his statement, Midgley acknowledges studies using qualitative approaches that were published as his own 2004 article appeared, which stemmed from clinical doctorate work. Indeed, the inclusion of research teaching and clinical doctorate programmes on all child psychotherapy trainings means that the “gap” between research and practice (Midgley, 2004) is rapidly closing and that the use of qualitative approaches is no longer considered controversial (Willig & Stainton Rogers, 2008). Indeed, qualitative studies are now frequently being used to contribute to areas previously dominated by quantitative research methods, such as in the medical sciences (Leung, 2015) and their findings are included in the guidelines of the National Institute of Clinical Excellence (Willig & Stainton Rogers, 2008). Qualitative methodologies allow more interesting questions to be asked, putting the ‘flesh on the bones’ of research (Target, 2014): qualitative approaches allow meanings, especially subjective meanings, to be explored, without compromising the richness, detail and dimensionality of the data (Leung, 2015).

Psychosocial Approaches to Research

Psychosocial approaches to research now form not only a field in their own right (Frosh, 2010), but a rapidly expanding one at that (Clarke & Hoggett, 2009). Psychosocial approaches inform both the epistemology underpinning the research and the methodologies chosen and do so using psychoanalytic concepts. Epistemologically, there is an acceptance that people are influenced both by the internal world of their psyche and by the external world: hence the elements ‘psycho’ and ‘social’. Like all academic fields, Psychosocial Studies encompasses a range of divergent views and is not without its debates, disagreements and controversies (Frosh & Baraitser, 2008; Hollway & Jefferson, 2013). Despite the ongoing lively debate about methodology, it is possible to outline certain ideas central to a psychosocial approach.

One key concept is that of a “defended subject” (Clarke & Hoggett, 2009; Hollway & Jefferson, 2013). This uses the psychoanalytic idea that the internal world is complex and that unconscious defences will be mobilised against painful, uncomfortable or intolerable ideas, thoughts, experiences and fantasies. For the research subject, this means that the participant might not hear the question through the same ‘subject-frame’ as the interviewer, or as the other participants (Hollway & Jefferson, 2013); and that the participants are unconsciously motivated to disguise certain feelings or meanings. Further, participants are invested in particular positions within a discourse. The same is clearly true of the researcher (Clarke & Hoggett, 2009; Hollway & Jefferson, 2013). Thus, epistemologically, there is a broad acceptance of the idea that the researcher and participant together co-construct the research process and its

meanings (Clarke & Hoggett, 2009; Frosh & Baraitser, 2008; Hollway & Jefferson, 2013).

The epistemological commitment to the interaction of the internal and external worlds and to co-construction in the research situation leads to broad acceptance among psychosocial researchers of Bourdieu's notion of "reflexivity" in practice (Bourdieu, 1990 [1980]). This acknowledges the researcher's own social situatedness, responsiveness to the ideas encountered and the inability therefore to be truly 'neutral'. The researcher must therefore acknowledge and examine his or her contribution to, and influence on, the research process (Frosh & Baraitser, 2008).

Methodologically, a key feature of a psychosocial approach is therefore to examine the researcher's own emotional responses to the data (Hollway & Jefferson, 2013; Walkerdine, 2008; Willig, 2012). Put differently, the researcher's counter-transference can be seen as a research tool in itself (Hollway & Jefferson, 2013; Jervis, 2009). Here, 'counter-transference' is used rather more loosely than in psychoanalysis, referring to the researcher's subjective responses to the participants, the interview situation and to the data; there is not the same understanding, as there is in the psychoanalytic professions, of there being an ongoing transference relationship. Use of counter-transference in research is a controversial move away from accepted understandings of 'reflexivity' within the social sciences and I discuss this below.

Other examples of features of psychosocial methodologies are seen in such ideas as the use of open-ended questions to encourage free association and elicit narrative (Hollway & Jefferson, 2013), and the use of observational methodology, such as that

of infant observation (Clarke & Hoggett, 2009; Frosh & Baraitser, 2008; Urwin, 2007).

Controversy

There are several controversies within the field of psychosocial studies. Of most relevance to this project, there is significant debate around the use of ‘counter-transference’ data and its validity. In psychosocial literature, debates from within psychoanalytic theory around how broad or narrow the definition of ‘counter-transference’ should be (see Heimann, 1950; Hinshelwood, 1991) are largely ignored. Some researchers avoid this rather loaded term and speak more generally of using ‘emotional responses’ (Urwin, 2007) or their ‘subjectivity’ (Hunt, 1989). In acknowledgement of this contested area, I have chosen to use the term ‘subjective response’.

There is much disagreement in the field about the use of counter-transference data. Clarke and Hoggett (2009) view it as creating an inherent “paradox” within psychosocial methodology as the approach emphasises minimal structure, to allow for the participants’ freedom of expression, and yet also allows the “*gross intrusion*” of the researcher’s counter-transference (p.18). Further criticism of the use of counter-transference data is the risk of circularity: the researcher projects their own views on the data and this method is used to justify precisely those findings. Criticisms of psychoanalysis for circular methodology, whereby the method proves the findings and the findings are used to justify the method, are certainly not new (Popper, 2002 [1963]). The uncertainties about use of counter-transference are put slightly differently, namely, the use of a “top-down” approach (Clarke & Hoggett, 2009;

Frosh & Baraitser, 2008) of imposing the researcher's own views on the material, or *'having words put in our [the participants'] mouths'* (Wetherell, 2005 p.169).

Frosh & Baraitser (2008) argue that use of counter-transference should not be seen as simply equivalent to the use of reflexivity in the social sciences; however, they do little to expand this view. Elsewhere, Frosh (2010) draws particularly on Bourdieu (1990 [1980]), whereby the researcher has an impact upon the research process, which then needs to be examined in its own right. For Frosh, the crucial difference is that Bourdieu's focus is on positioning within a social structure, whereas counter-transference is used as an indicator of unconscious states of mind. The psychosocial literature often ignores this distinction, however, and the terms 'reflexivity', 'subjectivity' and 'counter-transference' are used more-or-less interchangeably.

Advocates of the use of counter-transference in the research methodology see it not only as valid, but crucial (Hollway & Jefferson, 2013). Jervis (2009) argues that, particularly where the researcher is able to uncover some of their own more disturbing responses to the data, the research findings can be particularly rich. Parker (2005) argues that the enhanced use of subjectivity through the researcher's examining their own subjective response is a strength in the research process: the researcher should not seek to be "objective", but instead allow their emotional investment in the data to lend greater interest to their research findings. Elliott (2011) argues that use of counter-transference data acts as a safeguard in the research process: where subjective responses are not engaged with explicitly, they might be expressed in other ways, such as how the researcher writes about the participants.

Given the central importance that the use of counter-transference has in clinical technique in psychoanalysis (Freud, 1910), it strikes me that to leave it out of a psychosocial research process would constitute a serious omission. The basic ‘project’ of psychosocial studies, and psychosocial research methodologies, seems to be to bring together the understanding of the inner world, from psychoanalysis, and the external world, from the social sciences. To leave a consideration of counter-transference out of a psychosocial methodological process would therefore be to miss the point. The difficulties that this throws up, methodologically, must therefore be grappled with, rather than avoided through omission.

VALIDITY

Authors on both sides of this debate acknowledge the need, however, for psychosocial researchers to consider the validity of their findings.

Debates about qualitative methods have long been concerned with validity, given that findings would never be replicable in the same way as in quantitative methods (Leung, 2015). There is broad agreement that there could never be established criteria for determining the validity of a qualitative study, given the multiplicity of methods (Leung, 2015; Gee, 1999); and that this pluralism of new methodologies, far from problematic, is something to be celebrated (Smith, Harré & Van Langenhove, 1995).

Fahrenberg (2003) discusses interpretative methodologies using text: he asserts (rightly) that there will always be multiple meanings to a text and there could therefore never be a ‘correct’ interpretation. The process of interpretation is

impossible without both personal and temporal ‘colouring’ of the outcome (“*individuelle Färbungen*” – 2003, p.5). Frosh (2010), discussing Bourdieu, argues the same point: that knowledge becomes temporally and interpersonally positioned.

Despite broad consensus that strict validity will never be established, most authors do suggest criteria for attempting this. Fahrenberg (2003) argues that validity is primarily to do with transparency: the context for, and process of, interpretation must be made explicit, or there must be a ‘community’ for interpretation (*Interpretationsgemeinschaft*).

Fahrenberg’s suggestions meet broad agreement. Meyrick (2006) suggests similar criteria, namely transparency and systematicity. She emphasises the need for each step of the research process to be made explicit and transparent. However, Meyrick also acknowledges the limitations of this approach, asking “*How much transparency is enough?*” (2006, p.799). Leung (2015) emphasises consistency within the qualitative research process and the ‘interactive’ nature of qualitative work: he argues that it is for the reader to judge the validity and quality of research findings “*at the receiving end*” (p.326) and not the work of the researcher alone. Gee (1999) argues that the validity of the findings comes not from whether or not they ‘reflect reality’ as he would see reality as constructed through language and, moreover, the validity of qualitative research can never be “*once and for all*” (p.94). Instead, he holds that validity, or the ‘trustworthiness’ of the findings comes from *convergence* in the data: an internal coherence to the data. That is, whether the data offers “compatible and convincing” answers to the questions the researcher asks of it, which might include examining the identities, roles, positions and meanings taken up. He, too, emphasises

the acceptance of the research by a *community of practice*. Here, Gee does not refer to a 'group' approach, but rather the ultimate fate of the research when appraised by colleagues.

I agree with the above points: namely, that validity will never be established sufficiently to address the more philosophical, epistemological concerns, yet the researcher can place importance on certain qualities. These, I believe, are:

- (1) transparency of the research process;
- (2) interpretation should be demonstrably rooted in the text; and
- (3) research should ultimately be appraised by a community of practice.

Transparency

In the interests of maximising the transparency of this project, I have made reference to my subjective responses to the data, as I believe this makes explicit choices and processes that qualitative researchers make ordinarily. I have quoted directly both from field-notes and from the interview texts in the hope that it should be transparent to the reader where my ideas, interpretations and inferences have come from. Furthermore, I have included all transcripts in full in the appendices, such that the reader might see that quotes from the interviews have not been taken out of context.

Interpretation 'rooted' in the text

Like many authors, I argue that interpretations must be demonstrably 'rooted' in the original data (Frosh, 2010; Hollway & Jefferson, 2013). However, this phrase is used to cover a broad range of different approaches to interpretation. Emphasis is given to keeping the data 'whole' and not 'fragmenting' it through such forms of analysis as

coding (Hollway & Jefferson, 2013). Clearly, any form of interpretation will privilege certain aspects of the data over others. Gee (1999) acknowledges that a discourse analysis will always choose to look at certain passages of a text in greater depth, but cautions that, for the sake of validity, the ‘whole picture’ must be borne in mind. What constitutes a fragmentation of the data is then a moot point. I have sought to analyse the data both across the ‘whole’ dataset, using thematic analysis, and also examining two ideas through discourse analysis, in the hope of being able to fulfil this dual task of looking both at detail and keeping the ‘whole’ picture in mind.

Both Gee (1991, 1999) and Hollway (2015) favour a poetic approach to data analysis: Gee organises discourse into poetic stanzas (a group of lines about one specific topic) and strophes (larger units, made up of several stanzas, that organise the story as a whole) in order to examine patterns within a discourse, to see how meaning is constructed. This approach usually leads to a tabular presentation of the strophes and stanzas (Gee, 1999; Emerson & Frosh, 2004). In this approach, the words used remain those of the participant, but structure is imposed by the researcher and the final organisation of discourse could be argued to represent a fragmentation of the data (Hollway & Jefferson, 2013). Burck (2005) similarly follows Gee’s approach of breaking the original transcript into single lines, in order to form a poetry-like text, allowing patterns to emerge. Burck prefers the approach of identifying ‘refrains’ in the text, like in a song, in order to draw out features of the discourse without fragmenting it. Hollway (2015) uses ‘rough verse’, the words based on interview transcripts and observer’s notes. This is used to convey affect to the reader, yet is essentially fiction based upon the interview data. I do not doubt that all these authors would argue that their analyses were ‘rooted’ in the data, but have chosen these

examples to highlight, despite the similarities in approach, how different the modes of presenting the interpretations are: apparently straightforward statements about ‘rooting’ analyses in the data are therefore more complex than they appear. I prefer Burck’s method of drawing out refrains, in order to highlight detail, whilst keeping the fragmentation of the text to a minimum, in comparison with a more ‘tabular’ approach.

Communities of Practice

Several authors refer to a ‘community of practice’ (Gee, 1999) or a group method (Thomas, in press) as a way of addressing these difficulties with validity, or offering ‘triangulation’ (Clarke and Hoggett, 2009). On closer examination, however, they use the term to refer to very different things. For Gee (1999), this group is a loose term – it refers to the fact of different researchers adopting similar ways of doing things, such that their methods and inferences can be accepted *within* that group. I argue that this already exists within psychosocial studies: the influence of Hollway & Jefferson’s methodologies on debate within this field has been considerable (Thomas, in press), and its controversies examined in detail (Frosh & Baraitser, 2008).

Others use the term in different ways. For Fahrenberg (2003), the community of interpretation – *Interpretationsgemeinschaft* – is both a loosely conceived group of practitioners who might reach some consensus about methodologies (particularly that a ‘correct’ interpretation could never exist), and also a literal group who might meet to interpret a text together or review interpretations of a text together. Others draw a comparison here to the ‘clinical group’ supervision that is familiar to psychotherapists (Thomas, in press).

The 'group approach' has been criticised for a number of reasons. Frosh (2010) argues that group approaches do not solve the problems about validity because people, especially those who subscribe to similar ways of thinking, might look at the data and see the same thing – this is not tantamount to ensuring validity. Hook (2008), too, asserts that the opinions of others are not able to provide 'triangulation' as these do not constitute a sufficiently distant viewpoint from which to take a perspective on the work: he argues that something much more radical would be required and suggests that the greatest value that psychoanalysis has to offer research is in fact the value of tolerating 'not understanding'. I find Hook's view here of great interest; in reply to Frosh's criticism, I would say that these group approaches should not seek to 'establish validity', as there is widespread agreement that this would be impossible: instead, I see a 'group' as contributing to the multiplicity of opinion that is so valued by Auestad (2015) and Arendt (1958), as a way of combatting prejudice. This would involve tolerating the ensuing 'messiness' of theory, which is broadly consistent with Hook's point.

There are two studies that have taken a group approach, which I wish to mention as particularly interesting. Marks & Mönnich-Marks (2003) developed a group methodology in order to process the researchers' very strong responses to interviews on support for Nazism. This study used group listening to recordings, group- and individual supervision and developed secondary research questions: that is, the nature of the counter-transference reactions became an object of study in its own right.

Second, a study led by Urwin, Phoenix and Hollway (Urwin, 2007) used a mixed methodology to research maternal identities: this included observational and interview data; it made use of subjective responses as an instrument of knowing and, like Marks and Mönnich-Marks, also used a group approach to examining these. The group took its format from the infant observation seminar approach used in psychotherapy trainings and involved listening together to material read aloud. A further part to this study involved the establishment of a ‘working group’ – a group of researchers from a number of academic disciplines (Urwin, 2011). This group examined the infant observation papers that had come out of the original project, the interviews conducted, and the notes taken during the original discussions. This working group’s discussion then followed the same process: listening to data read aloud, allowing time for reflection on the emotions this stirred up and then a close reading of the text.

There are several similarities between these two, very different, studies. Firstly, the commitment to using emotional responses as part of the research data and therefore allowing time and space for these to receive due consideration. Secondly, the emphasis on listening: Marks & Mönnich-Marks (2003) highlight the connection between the German words *Stimme* (voice) and *Stimmung* (mood, atmosphere, feeling) and argue that the feelings in the data are better accessed through listening. Urwin’s group, though they used written notes, stress the importance of reading aloud in order to listen as a group. Thirdly, both studies emphasise the need for containment: they argue that using emotional responses as data meant that researchers needed assistance in containing these; this is the function of the group.

These two studies drew my admiration for being so creative, both in their use of counter-transference, or emotional response, and in their use of a group to help think about this. Like these thorough studies, I have made careful use of *listening* to the recorded material, noting down my emotional response, and have also used ‘close reading’. The notable difference, however, is the resources available to these projects, which are clearly not available to an individual researcher. Elliott (2011), working alone, sought regular individual supervision for exploring her data, akin to clinical supervision, which goes beyond what is offered as academic supervision. I have, unfortunately, not done the same. One possible limitation of the study is therefore whether I have sought adequate containment in my exploration of the data and my reactions to it. I did, however, present my findings to peers and colleagues in July 2016: I argue that this does not serve so much to provide ‘containment’ as to share opinions, with a view to including a ‘multiplicity’ of opinions (Auestad, 2015).

‘Overstretching the Clinic’

There has been considerable debate within Psychosocial Studies about the validity of psychosocial research methods specifically. These disagreements appeared to be dying down (Frosh, in Willig 2012), but have recently been revisited (Thomas, in press).

A key line of argument is that certain features of the psychoanalytic situation do not ‘travel well’ or that the clinical concepts become ‘overstretched’ (Hook, 2008). Here, the claim is that psychoanalysis is in itself a form of research (Thomas, in press) and, as such, has its own ways of validating knowledge. Crucially, it is the *ongoing*, ‘live’ relationship between therapist and patient that allows interpretations to be tested out,

thought about, amended, accepted or rejected over time (Hook, 2008; Frosh & Saville-Young, 2008; Thomas, in press) or a ‘becoming-real’ of the interpretation for the patient (Habermas, 1987 [1968]). The problems of validity in psychosocial research occur when the use of counter-transference and psychoanalytically-informed styles of interpretation are removed from this context (Thomas, in press; Habermas, 1987 [1968]) and applied to ‘dead’ text (Frosh & Baraitser, 2008).

Thomas (in press), in his discussion of validity within psychosocial research, draws the analogy both of supervision and the use of clinical seminar groups within the psychotherapeutic professions. Thomas argues that there is a fundamental, un-fixable problem with validity in psychosocial research, which cannot be addressed through the use of a group. He argues that the validation of psychoanalytic knowledge lies not in the learning taking place in clinical groups, valuable though this may be, but in the ongoing relationship between therapist and patient – something, I suspect, that therapists would broadly agree with. In order to illustrate this argument, Thomas took a brief excerpt from a session to three different groups and asked them to free-associate to the material in order to find the ‘hidden meanings’. Unsurprisingly, he found three very different sets of ideas and reactions: he then uses this to conclude that groups have little to offer to the problem of validity.

I agree with Thomas’ basic argument that, from an epistemological standpoint, the problem of validity in psychosocial research is insoluble. The bold claim he makes for the validity of psychoanalytic knowledge could however be subjected to this same scrutiny. However, Thomas’ illustration was somewhat artificial – a clinical group does not examine small fragments to find hidden meanings, but hears whole sessions

over a period of time, such that the group comes to ‘know’ the work and offer reflections on this. The use of a group is therefore not to be dismissed out-of-hand and I have cited Marks & Mönnich-Marks (2003) and Urwin (2007) as particularly interesting examples.

Given the impossibility of achieving true ‘validity’ in psychosocial research, I suggest that a researcher is better advised to consider Smith, Harré & Van Langenhove (1995) emphasis on the *practicality* of the research process. I wonder whether there might be such a thing as a ‘good enough’ research project along the lines of Winnicott’s (1960) concept of ‘good enough’ mothering. Here, I would argue that like those analogies with the ongoing analytic relationship (Frosh & Saville-Young, 2008; Thomas, in press), Winnicott conceives of an ongoing relationship between mother and child, where mis-steps can be survived, repaired and added to with good experiences – the ‘good enough’ therefore comes out of the whole context.

Clearly, when conducting single interviews, there is not an ongoing relationship between researcher and interviewee, in which to explore emerging findings or any developing subjective feelings. However, I believe that the controversy in psychosocial studies about whether psychoanalytic methods can usefully contribute to a qualitative research process (Hollway & Jefferson, 2013) or whether taking them out of context undermines their validity (Frosh & Saville-Young, 2008; Thomas, in press) has become stuck in an either-or debate that itself rests on a confusion. Here, I argue that the primary relationship of the researcher is not to the participant, but *to the data*. The process of research is lengthy and involves many iterations of interviewing, listening to recordings, close readings of transcripts, noting thoughts and feelings

arising at every stage, reviewing all these many times over, sifting through many possible themes and sub-themes. All this represents a complex and ongoing relationship with the data over a significant period of time (years). As such, it is possible to allow themes to come to mind and others to be rejected, as this process develops over time (Braun & Clarke, 2006). I stress that this project involved both the listening emphasised by Marks and Mönnich-Marks (2003) and the ‘close reading’ emphasised by Urwin (2007). Hollway & Jefferson (2013) and Urwin (2007, 2011) describe a many-layered approach with multiple opportunities to ‘notice’ the data. My own approach has similarly afforded me multiple opportunities to ‘notice’ the data (and my reactions to it).

If one understands the primary relationship in the research setting as being between researcher *and data*, rather than researcher and participant, it is possible to take up a position in which psychoanalytic methods can inform and inspire the research process, but are not directly transplanted from one context to another. I believe this to be an important distinction and an opportunity to move away from the binary either-or debate that has rumbled on in psychosocial studies for the past decade.

Gee argues:

““Validity” is communal: if you take risks and make mistakes, your colleagues will help you clean up the mess – that’s what they’re for. The quality of research often resides in how fruitful our mistakes are, that is, in whether they open up paths that others can then make more progress on than we have” (Gee, 1999, p.9)

Unlike Gee, I would not seek to label the above as ‘validity’, but certainly concur that the ultimate purpose of research is to open up new areas for debate, or bring new

ideas to debate: I argue that the findings of this project are sufficiently robust to do just that.

PROCESS

Interviewing

I conducted my study by means of carrying out interviews and studying these in recorded form and in written transcripts. In so doing, I follow a long line of qualitative researchers and claim interviewing as a legitimate way of generating research data (Emerson & Frosh 2004; Kvale, 2007; Willig, 2012).

Kvale's (2007) assertion that interviews are capable of generating data and therefore new knowledge is widely accepted. Taking a psychosocial approach, I used an 'open' interview style (Hollway & Jefferson, 2013), in order to give more space to the participants' free associations in their answers.

Participants

I conducted eight interviews with child psychotherapists. Participants were recruited in a number of ways: the first four were all approached directly (mostly by email) after they taught or gave papers on cultural issues or related subjects; the following two were recruited on the recommendation of other participants and the final two interviewees were volunteers, who responded to an email that I sent to the entire membership of the Association of Child Psychotherapists (ACP).

Of the participants, five were female and three male. Four were born in the countries of the UK; four grew up abroad. Five participants had English as their mother-tongue and three were native speakers of other languages. There were different

ethnicities within the group, but I have chosen not to comment on these further, as some participants preferred not to define their ethnic backgrounds.

All eight participants were qualified child psychotherapists and members of the ACP. The participants ranged from those who had been qualified for approximately five years, to those who had had long careers and were now retiring. All were based in Greater London.

Exclusion criteria

There are many institutions that train professionals who practice psychotherapy with children. However, I chose to interview only those who were qualified as child psychotherapists (not those still in training), who had trained in ACP-recognised training institutions and who were registered members of the ACP. This was partly in order to give some definition of ‘child psychotherapist’ for the purpose of the study, but mainly because I wished the research project to make a contribution to my own professional group.

A further exclusion criterion concerned ethical approval: I interviewed therapists employed in private practice or in charitable institutions. This was purely for practical reasons as the NHS has its own ethics procedures for research. However, all of the participants had worked in the NHS at some point in their careers. This project was given ethical approval by Birkbeck, University of London in 2011.

Data Collection

I emailed each participant with some details of the project, to outline the purpose of the interview and the length of time it was likely to take; one interviewee requested (and was given) the questions in advance of the interview. Interviews were arranged at times and places convenient to the participants (usually their own homes or places of work). Participants were given an information sheet and asked to sign a consent form: this covered consent for the storage and eventual deletion of the voice recordings and consent to use of anonymised transcripts.

I treated the first interview as a pilot and made alterations to the schedule of questions as a result, as these were found to be repetitive. In all subsequent interviews, the schedule of questions was used only as a guide, as some interviewees covered the subjects before I could ask about them directly. Also – considering my own emotional experiences of the research here – there were some occasions on which I skipped questions as, depending on how the interview seemed ‘to be going’, some questions ‘felt’ too intrusive, provocative or foolish. The interview schedule is included in the appendices.

In all cases, the questions were open-ended, with a view to eliciting ‘narrative’-style answers (Hollway & Jefferson, 2013). The length of the interviews varied greatly, depending on how much the participants chose to say. All interviews lasted between 30 and 90 minutes.

A transcription service was used to transcribe the interview data. I then went through each transcript carefully, in order to familiarise myself with the data in written form,

and also to correct any errors in transcription and to disguise identifying features, in order to render the transcripts anonymous. Identifying features were all given simple codes, in order that the transcripts should still be easily 'readable'.

Transcription

Through recording and transcribing the interviews, the data is given visual, written form and, as such, lends itself to closer analysis (Kvale, 2007). Marks & Mönnich-Marks (2003) advise working with recordings only, arguing that listening better attends to the emotional dimension of the data. I argue that data analysis need not be either-or: indeed, my own approach combines close, repeated listenings to the recordings and a 'close reading' (Urwin, 2007) of the transcribed interviews.

There are obviously many ways of transcribing an interview and the form the transcription takes informs the subsequent analysis of the data. In acknowledgement of the role of the researcher in co-constructing knowledge arising in the interview (Kvale, 2007), I included my own questions, comments and interjections in the transcripts, such that they represent as complete a record of the interview as possible. Details such as pauses, laughter and false-starts were all included, but use of linguistic code or symbols were not, in the interests of the accessibility and 'readability' of the finished texts.

Data Analysis

From the outset of this project, I proposed to use two methods of textual analysis. Firstly, a thematic analysis in order to explore the breadth of the data and then discourse analysis in order to explore emerging concepts or features in more detail.

Step One – Thematic Analysis

Thematic analysis is a means of exploring an entire data set, to identify patterns of similarities and differences in the data. Braun and Clarke (2006) argue that thematic analysis allows the breadth of data set to be examined, whilst still allowing findings to be reported in rich detail. A thematic analysis is a recursive process, involving several steps and a back-and-forth movement between individually coded data items and the data set as a whole (Braun & Clarke, 2006). The individual codes are gradually ordered into over-arching themes and corresponding sub-themes.

Thematic analysis is a highly effective way of producing a rich and detailed account of the data *across* the data set as a whole (Braun & Clarke, 2006) and, as such, is my chosen method for exploring the data. It cannot, however, offer a means for exploring aspects of the data in more detail (Willig, 2012), particularly *within* a single data item (in this case, within one interview) and, as such, I used a second method – discourse analysis – in order to examine two ideas in more detail.

Braun and Clarke (2006) list some potential pitfalls for the researcher to avoid when carrying out a thematic analysis: these are the possibility of failing to carry out an ‘analysis’ at all, by remaining too close to the interview questions and failing to go ‘beyond’ the text. I argue that there is therefore a balance to be struck between analysing the data sufficiently ‘deeply’ in order to produce new insights, whilst remaining close enough to the text for the interpretation to be considered to be ‘rooted’ in the text. Braun and Clarke also emphasise the researcher’s *active* involvement in the process of organising the data: the themes are actively decided

upon by the researcher; they do not ‘emerge’ from the data. I have endeavoured to heed these warnings.

Following Braun & Clarke’s recommendations, then, I carried out the thematic analysis through a number of steps: by noting down my thoughts in a research diary immediately after the interviews; through annotating the transcripts both during close listening to the recorded interviews and subsequent close readings of the transcripts in text form. These allowed me numerous opportunities to “notice” the data (Urwin, 2007, 2011) and to observe my developing thoughts. I then gathered these notes for each interview – and across all eight interviews – and sought to organise them into sub-headings and headings, such that as many as possible of the features I had identified could be captured by these headings and in order to give as much coherence to these groupings as possible.

Step Two – Discourse Analysis

Discourse analysis allows concepts to be examined in greater depth and is best suited to text where the ‘language-in-use’ is political (Gee, 1999). Discussion of ‘cultural difference’ is necessarily political and discourse analysis therefore allows for aspects of that discussion to be analysed in more detail.

There are many different forms of ‘discourse analysis’ (Wetherell, 2001; Willig, 2008), ranging from highly formal analyses of language within Linguistics, to the Foucauldian discourse analyses that are commonly used within the social sciences. My own use of the term ‘discourse’ differs from these. Arribas-Ayllon and Walkerdine (2017) suggests that Foucauldian analyses are characterized by three key

features (with the caveat that Foucauldian approaches seek to avoid formalization), namely: a historical enquiry (the ‘genealogy’); an analysis of the mechanisms of power; and an analysis of ‘subjectification’, that is the signifying practices that construct subjectivity. Authors who make use of Foucauldian approaches often make the distinction between his concepts of ‘archaeology’, broadly the investigation of the history of systems of thought (Young, 1981), including their relation to practices, and ‘genealogy’, namely tracing the history of the use of a concept (Foucault, 1970); however, some argue that this distinction is in fact vague (O’Farrell, 2005) and there are disputes as to what constitutes a Foucauldian approach (Hook, 2007).

I chose Gee’s approach to discourse analysis as he advocates for its flexibility: though Gee’s background is in linguistics, his less rigid approach fits well within a psychosocial methodology. Gee views discourse as a type of narrative, where this is necessarily political in nature. His approach seeks to identify repeating patterns, to examine the construction of meaning. Burck’s (2005) approach, which draws on Gee’s, is to look for repeating ‘refrains’ within stanzas: it is these refrains that form the detail of the research findings; she successfully used this method within the field of research in systemic family therapy.

Step Three – Subjective responses

Having examined the data as a whole through thematic analysis and chosen concepts to examine in more depth through discourse analysis, my final step was to look at my own subjective responses to the data and emerging findings. To do so, I analysed my field-notes or research diary, both those made immediately after each interview, and

those written in the margins of transcripts as I listened to the recordings and encountered the data in written form for the first time.

Lastly, I drew together the findings from all three steps in order to look for convergence (Gee, 1999) in the data, in consideration of the validity of the findings.

DISCUSSION OF FINDINGS

Introducing the data

Before presenting and exploring my findings specifically, I thought it worth giving a ‘flavour’ of the interviews more generally. I was struck by the willingness of the participants to take part in the project and the amount of time and thought they gave to it: most spoke for around forty-five minutes to an hour.

The interviews varied widely in how the participants engaged with the topic: some appeared to enjoy thinking about it; some considered it a topic that it would be politic to think about more, or that one ‘ought to’ consider; and one participant appeared to find my questions somewhat pointless. Many of these comments were made after the dictaphone was switched off, but some appear in the interview material. For example, two interviewees rather politely expressed the hope that I might find the topic interesting (as though it were not already so):

Interview 4, p.110

“Well, I hope it’s an interesting subject”

Or:

Interview 3, p. 83

“I hope something, you find that something interesting and useful comes of it”

Others expressed a view that this was a subject matter one ‘ought perhaps’ think about more; in some cases it appeared to be the interview process itself that put this in mind:

Interview 6, p.141

"it's not something that is thought about a lot in an everyday kind of way I don't feel, and probably not reflected on enough in a way, and I'm not sure, I'd need to think about it more really."

Or:

Interview 2, p.56

"I'm really quite ashamed of the fact that, you know, well I've done all this without too much in the way of consultation"

One participant appeared to find the topic and questions irritating:

Interview 7, p.149

"So I was raised in one culture as – going back to the first question you had –

Yeah

- if there is such a, er, such a concept at all"

Other participants seemed to find the subject exciting:

Interview 1, p. 30

"That one [question] about the fantasies was a real zinger. I think that's a really important one, actually. I'd be fascinated to know how people answer that."

In other respects, however, there were commonalities across all eight interviews that are worth noting, though they do not constitute the 'themes' generated by the data analyses.

Commonalities

Defining 'Culture'

Firstly, it is striking that all eight participants gave a thoughtful, broad and detailed definition of what constitutes "culture". However, when asked to define their own

cultural background, all interviewees defined themselves by just one or two key characteristics. These varied, with some participants choosing their nationality or language, their social class, religion or ethnicity, but all tended to define culture as a concept broadly and their own culture narrowly. I initially understood this to be because the question about culture as a concept came second, giving the participants more time to reflect on it: I switched the order of these questions around for the later interviews, but in fact this feature of defining culture theoretically or personally held true regardless of how the questions were asked.

For example, defining culture as a concept:

Interview 1, pp.7-8

"Well it's a difficult one, isn't it? I mean there are a thousand definitions, but I think it's fundamentally a system of values, assumptions, beliefs, ways of doing things {pause} that uh, that particular cultural group conforms to, agrees to-

Mm-hmm.

-enjoys, gets sustenance from, gets some sort of sanity from really, because it's a wide open world and there are myriad possibilities and I think one's culture helps one to shape one's life in it. It's limiting because it precludes the possibilities of going outside or beyond all of those assumptions and beliefs and so on. On the other hand it's um, it uh, it's reinforcing and uh, fortifying and um, um, {pause} it kind of lifts you up really, helps you deal with the complexities of everything really so-

Mm-hmm.

-it's a very amorphous thing but it's, paradoxically it's amorphous, but almost tangible really. Like I know where I am on a particular issue really."

Or again:

Interview 4, p.93

"Ah-ha, interesting one! I actually think it's broader than, it's to do with your beliefs, um, family background, your belief systems, which includes religion, how you understand the world, how you make sense of the world, and all of that can be quite specific to a particular culture."

And:

Interview 6, p.136

"Well, I, I guess I've never thought of trying to define culture before, but I suppose I would think of it as, um, a set of, of kind of, er, practices and, um, traditions, language, er, shared history with a, a group of people. Um, I guess that would be the kind of broad definition in my mind. That's probably missed some things out, but yeah."

Culture as a concept was therefore seen broadly, encompassing beliefs, practices, ways of life, traditions, family and community groups. On a more personal level, however, answers tended to be more simple:

Interview 2, p.35

"I'm extremely English."

Or:

Interview 8, p.163

"Well, [Religion 1] lower middle class! I was the first person in my family to go to university, so yeah, yes."

There therefore seems to be something to consider about our ability to use the same concept both broadly, when thinking abstractly, and narrowly, when personal feeling or experience comes into play.

Fakhry Davids (2011) begins his discussion of racism and difference with anecdotes about personal experiences (his own, or those reported by others) to comment on the powerful, even maddening, feelings evoked by personal experiences of difference. Davids describes the powerful grip these personal encounters with racism, or culture, or ‘cultural difference’, have on us: he describes paranoia, suppressed rage, impotence and concludes that, where the outside, external, social milieu interferes with personal thinking, feeling and choices, the individual experiences *“nothing short of a psychotic moment. A rupture in the continuity of his being – that ongoing sense we all have of being more or less in control of our insides, of what uniquely sets ‘me’ apart from ‘them’, which underpins our capacity to be with others – has taken place, allowing the other to march in and take possession of the self”* (2011, pp.2-3). Davids also links these personal experiences to the immobilization of the normal capacity to think. I would therefore argue that the answers given in the interviews touch upon these extraordinary experiences in the internal world: a question about the definition of culture engages with the ordinary capacity for abstract thought, while a question about one’s own cultural roots touches on something deeply rooted in the self, with the potential to mobilize the sorts of experiences and feelings described by Davids – perhaps we find safety in defining our own culture in a few terms, or perhaps the question itself triggers a restriction of the capacity for abstract thought, through the need to defend against these intrusions on the self.

Davids’ (2011) argument about the insertion of the external world, or the views, expectations and experiences of others, chimes with Fanon’s (2008 [1952]) descriptions of how the white (or the clinician, or another holding a powerful position) might insert the ‘imago’ they hold of the other into the mind of the other.

Here it would be useful to use Davids' term "the racial other" (or, for my purposes, perhaps, the 'different other') because both Fanon and Davids are describing specifically the unconscious expectations we hold of those who are racially different. Fanon, however, makes a similar point to Davids in that he argues that the imagos that we hold about the racial other control inner life to a great extent (Nissim-Sabat, 2010). Here, both Davids and Fanon are highlighting the *unconscious* dimension to our relationship to our own culture and that of others. Rustin (2007), discussing culture and the unconscious, reminds us of the many forms of disguise that the unconscious takes when expressing itself. It seems possible that interviewees might answer questions so differently when considering culture as a theoretical construct, compared to their own experience of their own culture, because the latter has the potential to tap into deeply unconscious and well-defended parts of psychic life.

Lewis (2009, 2012), not unlike Davids, gives a very personal account of cultural experiences and, particularly, the complexities of how 'cultural difference' is experienced within the family. She, too, describes the affects involved in the cultural life of the family – love, ambivalence, attachment, hatred, fear – and to this she also adds the bodily contact of family relationships. Lewis also reminds us of the cultural phenomena that carry meaning for a family (and its cultural community or communities), such as food, songs, stories, programmes, commercials. Lewis argues:

"Whether a children's story, a scholarly text, or a small musical clip, as cultural artefacts they symbolise a double movement, simultaneously materialising social life in the meanings that condense around them whilst also having the potential to become the object cathexis across which an individual's psychic dramas are manifest." (2009, p.2)

Lewis' very personal accounts remind us of the variety of different ways an individual, or family, might have of collecting their own culture and the artefacts they associate with it. It should therefore not come as a surprise that the respondents in the interview used such different definitions for their own cultural background, compared to how they defined culture as an abstract, theoretical concept: a question about the interviewees' own cultural background must surely touch upon the complex family meanings and interactions, and the affects these evoke, that Lewis describes.

Several authors remind us that identity is not static (Keval, 2016; Lewis & Phoenix, 2004), but fluid, hybrid and changing over time. I suspect that the narrower definitions of 'culture' found in the interviewees' personal accounts of cultural identity reflect something of that particular moment, and that perhaps at other times, they might define their cultural selves or cultural backgrounds quite differently.

Ambivalence and contradictions

Another ever-present feature of the interviews was the participants' ambivalence about the topic. Most tended to express both how interesting and important it is to think about 'cultural difference' in child psychotherapy, whilst at other times expressing hostility or contradicting this.

Most participants expressed very positive views on culture and 'cultural difference'. These included ideas that one can broaden one's mind and understanding through encounters with 'cultural difference':

Interview 3, p.73

"Certainly, I think it's very, it's enlightening for the therapist

Mm-hmm.

You learn a lot"

Or:

Interview 4, p.101

"The advantages, um? I think the society we're living in is no longer a typical white British society that subscribes to some notion of normality. Um, in my own caseload I think I was, I was just so surprised, there were just so many different combinations of, of families, um, what was the question?!

The advantages -

The advantages: that you learn a lot as a therapist. If you're open to listening to people, and actually learning from them and taking on board that you don't have all the answers, I think is the most fantastic way of working. Um, it may not fit all that easy with how we were taught to be child psychotherapists."

As in the above example, many interviewees found it difficult to stay with the topic of what one might gain – quickly moving on to think about disadvantages – or to think in any depth about *what* might be learned. I believe that Khanna's work might help us to make sense of this: where something is brought out into unconcealment, something else must be banished and lost. Morgan (2008) and Keval (2016) also emphasise the *loss* involved in acknowledging difference – for Keval, this is the loss of the sense of the familiar. Morgan turns to Bion's concept of K and the need to know the 'different other' in an emotional sense, rather than knowing *about* them. Here, I am raising whether it is difficult for child psychotherapists to articulate what is

gained from working with ‘cultural difference’ because these gains fall into the realm of emotional learning, rather than abstract or explicit knowledge, and are therefore hard to put into words. Or (and/or) whether, following Khanna, it is difficult to think about the gains because with them something must also be lost, and to engage with this would be painful. Khanna’s point takes us further, even: that which is lost is ‘earthed’ out of the realm of language and cannot therefore be articulated in words.

In contrast, as in the extract above, the possibility of finding ‘cultural differences’ *liberating*, of shaking up or challenging our usual way of thinking and working came up frequently.

This last example also suggests other fantasies present: that our society was once a “typical” white British society. This interviewee also suggests that society did, and no longer does, subscribe to a notion of ‘normality’. I come back to fantasies relating to ‘normality’ and ‘neutrality’ later. Keval (2016) discusses the fantasy of a pure, mythical ‘homeland’ and suggests that this is a regressive yearning for a fantasized ‘pure’ maternal space, which is not intruded into by complexity, hybridity and difference. I believe that references to a “*typical white British society that subscribes to some notion of normality*” is an example of this. Keval holds such fantasies to be universal.

Interview 8, p.171

“Well I have found it very enlivening and, er, you know, it has changed my way of working and, er, you know, I think you have a less stuffy approach somehow or other that, you know, er, you know, people can be quite matter of fact about things that, you know, you might throw your hands up in horror about if you were, you know, abiding by the kind of ideas of psychology or psychotherapy and so, er, I think they do that, that’s okay,

they live their lives, it's, they're managing, why, it's not so bad."

Or:

Interview 1, p.22

"Well, if one's open enough to the whole um, domain of difference within one's mind there's immense advantage because you start to really look critically at all of your theories and all of your ideas really. Um, I mean I, the way I defined culture earlier on was, it's something that is, it, {pause} it's comforting. It gives you a framework and it helps you to be sane. On the other hand it is limiting uh, in how you see the world. So if you're open to other possibilities, then I think it can be quite liberating really, or liberating is probably the wrong word but I think there's, you know, there's a great potential to learn more"

However, this idea of liberation seemed to come at the cost of diluting theory or boundaries. Davids (2011) comments on the tendency within the profession to see work across difference as being 'applied' psychotherapy. Blackwell (2005), takes this view (discussing, specifically, psychotherapy with refugee or asylum-seeking clients): he argues that differences in the frequency of sessions, in the use of the transference and in the need not to foster a regression within the transference when working with vulnerable clients all justify the view of this as 'specialist' or 'applied' work. These debates seem to create a feeling within therapists, even very experienced ones, that their way of working with 'cultural difference' means that the therapy is 'not the real thing'. I expand on this fantasy later; however, Blackwell also argues that, though the profession is thinking and writing more about 'cultural difference', there continues to be a lack of engagement with political and cultural issues on trainings and in training analyses. This is a crucial point, and one to which I mean to return: it appears that, in the interview data, a split is beginning to emerge between the reality of working with

‘cultural difference’ – which is experienced as both tricky and immensely liberating – and the expectations that therapists have of their own practice, their boundaries. This reflects a difference between the teaching and training of child psychotherapists and their actual thoughts, feelings and clinical practice.

‘Culture’ was also seen by the participants as a good thing: one that gave comfort or sanity. One participant described culture as something that brought sustenance, shape and sanity to life.

Interview 1, p.8

“I rather love it, frankly. I like my culture”.

However, participants moved very quickly between making positive statements about culture and ‘cultural difference’ and then contradicting these.

There was an idea that culture does not matter, or that cultural issues get taken too far (presumably by researchers like me!):

Interview 4, p.93

“I also don’t like people to get too bogged down with this idea about culture”

And:

Interview 1, p.29

“It’s uh, in whatever that would be the case so I think it does matter. How far one can change it, is very difficult really and if somebody accuses me of being racist or my organisation is called, is accused of being institutionally racist, you know, what am I going to do? Say sorry or fuck off?”

Or:

Interview 4, p.103

"Sometimes I think, um, we can also go down the road of difference all the time and not look at sameness."

Many participants also argued that psychoanalysis formed a culture of its own and that this rendered matters of 'cultural difference' irrelevant: here the fantasy begins to emerge that psychotherapy is universal and should be able to transcend difference.

Interview 7, p.150

"My view is that if one looks at it in a microscopic way in terms of clinical practice, and by clinical practice I mean the axis of what we do i.e. transference, counter-transference, projection, projective identification and the rest of it, I am actually not convinced that there is, um, er, er, a, such a concept of culture."

This participant went on to say that psychoanalysis forms a "pure" culture of its own:

Interview 7, p.150

"Um, so I suppose my view is that sociologically speaking, er, there is of course, um, such a thing as a culture and a cultural background, but my view is that the intimacy of psychoanalytical exchange, um, is of such order that, and I am again stressing when one looks at a key, key concept of psychoanalytical thinking, um, but particularly I have in mind projection and projective identification, that these processes are, if you like, pure culture, and by pure culture I don't mean culture in sociological way, but in biological way, as it were"

Other participants also used this concept of 'purity' in psychotherapy, both arguing for and against it, making ambivalent feelings quite plain:

Interview 1, p.12

"you could say you know, anybody could, the culture doesn't come into it at all but one has a pure sort of stance, pure sort of approach and a clean kind of focused interest on the internal world. But I think culture seeps in in all sorts of ways. Um, we do make judgments as child psychotherapists."

The mixed feelings of participants about the topic came across quite strongly, as they both seemed to enjoy speaking about the topic, particularly their own experience of culture, but at other moments found it irrelevant.

This idea of purity in psychoanalytic technique can be traced all the way back to Freud. Freud discusses the state of mind that the analyst needs to be in, in order to receive the material from the patient: he emphasises both the need for an "*open mind, free from any presuppositions*" (1912, p.114) and the need to be thoroughly in tune with one's own unconscious – to listen both *to* and *with* the unconscious – in order to hear the unconscious communications of the patient. Here, Freud emphasises a thorough training analysis: "*It may be insisted, rather, that he should have undergone a psycho-analytic purification*" (1912, p.116).

The word 'purity' here seems particularly strong: as though one could expect a training analysis to allow the psychotherapist to transcend or surpass their flaws and achieve a higher being, not unlike Nietzsche's concept of an *Übermensch* (Nietzsche, 2006 [1883], Magnus, 1988). Berman (2000, 2017) refers to this as the 'New Person' fantasy, labels it utopian and expressly links it to various religious and political philosophies, including fascism. Khanna (2003) emphasises the colonial, Enlightenment context to Freud's writings and specifically highlights the comparisons he draws between the mental processes of pathology and those of 'primitive' peoples

in *Totem and Taboo* (Freud, 1913). In Khanna's reading, Freud's discussion of the primitive is directly contrasted with 'culture' or 'civilization', which she describes as "highly charged" terms (2003), belonging as they do to ideas of a higher level of intellect, thinking and mental health: colonial values. Fanon (2008 [1952]), too, critiques notions of 'culture' and 'civilization' and highlights the colonial racism in privileging one form of culture over another; Fanon also stresses the fantasy involved here, in the idea of the superiority of European education and thinking over those in the Colonies.

I argue that this notion of a "purity" of culture in psychotherapy has its links in racist, colonial thought. Moreover, though it is critiqued as such (Fanon, 2008 [1952], Khanna, 2003), these critiques are little considered in psychotherapeutic trainings, where these fantasies of a 'pure' technique persist, despite the fact that child psychotherapists readily admit to enjoying the 'freedom' of other ways of working. There is therefore a split in the profession between how child psychotherapists choose to practice and the fantasies they hold about a pure, universal and correct form of technique: these fantasies appear to be perpetuated in the child psychotherapy trainings. The notion of 'purity' recalls Keval's (2016) description of a racist fantasy of a 'pure maternal space', which is uncontaminated by difference. Though Keval links this fantasy largely to geographical boundaries and fantasies about a mythical 'homeland', I suggest that the same could be argued here of the profession: a fantasy about a 'pure' psychoanalytical space within the consulting room, uncontaminated by issues of difference belonging to the 'outside' world. Using Bourdieu's terms, there is a fantasy of a psychoanalytic 'habitus', with its own signifying practices, in which the outside social world becomes irrelevant. This thinking should ring alarm bells for

child psychotherapists as Keval links this fantasy to regressed, two-dimensional thinking. He contrasts this with the three-dimensional thinking that is made possible by the Oedipal situation and which allows for spontaneous thought and curiosity about the other, both of which are clearly desirable!

Fantasies

Before moving on to explore the fantasies that I found to be present in the data, I thought it of interest to consider how the participants responded when asked about these directly. I asked a number of questions relating to thoughts and fantasies about work with ‘cultural difference’. Broadly, these were:

- *How do you think ‘cultural difference’ is viewed within the child psychotherapy profession?*
- *What fantasies, perhaps unconscious, do you think circulate among child psychotherapists about working with ‘cultural difference’?*

I deliberately avoided asking directly about their own fantasies as I felt this was too intrusive. However, I did ask about the impact of fantasy on clinical work:

- *How, if at all, do you think these fantasies impact on the work, or the child?*

In early interviews, I also asked:

- *What fantasies, if you are willing to share them, did you have early in your career, compared to now?*

However, I tended to skip this question in the later interviews, as it generally did not elicit any new information.

For the purposes of this study, I have used a very broad definition of ‘fantasy’, to include both conscious and unconscious fantasies, and more broadly still, to include

also thoughts, feelings, and attitudes. I have tried to indicate this broader use of the concept through the spelling 'fantasy', rather than the more traditional, psychoanalytic term, 'phantasy', which refers to unconscious material. Though I certainly did not seek to exclude any data relating to unconscious fantasy, those fantasies that arise in my findings were spoken about directly and explicitly and are therefore manifest in the data.

Interestingly, when asked about fantasy, many participants simply could not answer the question:

Interview 3, p.74

"I don't think I can answer that. Erm. [Pause] I would have, I would have thought that different people have, have different fantasies."

Or:

Interview 7, p.156

"I don't know. I don't know what, what other people think"

And:

Interview 8, p.170

"Fantasies? I've got no idea."

Or some participants thought that there were simply no longer fantasies about 'cultural difference' within the child psychotherapy profession:

Interview 4, p.104

"I don't know if they [fantasies] still do [circulate]"

And:

Interview 5, p.125

“Uh-huh. I don’t know. I don’t, I don’t, I don’t, I don’t think that, um, my experience is that there has always been, er, an atmosphere of tolerance, you know, to, to cultural differences within child psychotherapy, that is the impression I have”

It is striking that participants found it so difficult to think about what fantasies might be held about ‘cultural difference’, given that child psychotherapists have a long professional training precisely in order to be able to think about fantasy and the inner world. This raises the question whether the considerable difficulty, or reluctance, that many participants had in thinking about our fantasies about ‘cultural difference’ might indicate a conflict about thinking about this. Morgan describes why this is such a difficult topic to explore:

“It raises feelings of guilt, shame, envy, denial and defiance, all of which are hard enough to face in the privacy of one’s own life. To explore it publicly can bring up in me a fear of getting it wrong, of saying the unforgiveable and of exposing a badness in me”. (2014, p.65)

Morgan discusses Hoggett’s (1992) assertion that in order to move from a colonial, uncritical form of thought, one needs first an act of aggression in order to break free from one’s assumptions, and then – in order to sustain the movement of thought – this act of aggression must be followed by an act of play. Here, Morgan responds:

“For me to think differently about my place in the world and the privileges it has brought me requires an undoing of a well-laid system of assumptions about myself. The fact that those assumptions existed and continue to exist does not make me an inherently bad person, but to break through their limitations is hard work. For Hoggett to then suggest that I am required to

take it further into the area of play is asking a lot. This is not an easy subject to 'play' with". (2014, p.65)

It seems likely that the interview situation not only provides exposure of the public sphere that Morgan described in the first quote – and with it all the accompanying anxieties she lists – but that my invitation to speculate about fantasy in the interviews was akin to an invitation to play with ideas, and might have been accompanied by all the difficulty and ambivalence that this must bring up.

Morgan (2014), in the quote above, also makes an important point and one to which I return often: that having these well-laid systems of (racist) thought, does not make her *a bad person*. I reassert that I hold the same view about the interviewees, and indeed about myself: that the difficulties engaging with the subject – and those fantasies that did emerge in the interview data and in the research diary or field-notes – reflect our society and the institutions in which child psychotherapists train, rather than constituting a judgement upon our own selves.

Some participants, however, gave explicit and sometimes shocking answers to the question:

Interview 1, p.26-27

"What are our fantasies? Oh gosh. {Pause} Well I'm going to be a bit uh, {pause} sort of unacceptable things coming into my mind now. {Pause} Well, uh, I'll just splodge on. I think the fantasies are somewhat colonial, if I can put it that way.

Mm-hmm.

In the sense that here are these people and uh, they're very different and they have different ways but, uh, really, our

understanding, our assumptions, our values and all the rest of it are really true and so we'll bring them round to it. So almost colonial missionary.

Yeah.

If the truth be known, everybody will deny that, yeah? But actually we have it in our mind how a human being is constructed and all the rest of it and you've got to see things our way.

I mean, taking the missionary metaphor a bit further, it's not only bringing the truth but bringing the truth to rescue them isn't it, to save them?

Yes indeed, indeed, absolutely. To bring them to salvation, to a proper cure."

Several participants explicitly named *sex and violence* as the most common forms of fantasy about difference: these I discuss more fully below, in the thematic analysis.

Another fantasy explicitly named was that of 'neutrality':

Interview 6, p.143

"Well, I think there is the kind of, um, as I said, something about, I don't know if this is quite a fantasy, but I think there is often the kind of position of somehow the therapist being on the neutral ground.

Yeah.

That they're the one who's sort of, I don't know quite how to put it, but in the middle, in the neutral position, kind of majority position, and the, and that the, the cultural other is the other, is the, the patient."

The idea of the therapist's being 'neutral' is present in psychoanalytic literature, yet has long been a contested concept (Greenberg, 1991); it is therefore interesting to see

it in the interview data. Just as with the related idea of ‘pure’ technique, that came up earlier in the overview of the interview data, the concept of a ‘neutral’ therapist is very closely allied to a position of colonial mastery (Khanna, 2003). Here, in the interview data, the idea of ‘neutrality’ seems to function as some kind of defence against ‘cultural difference’. The concept of ‘neutrality’ in psychotherapy was discussed more fully earlier; I also chose to examine this particular idea in greater depth later, through discourse analysis.

FINDINGS

Data Analysis: Principal Findings

Due to the rich nature of the interview data, the data analysis involved three processes: a thematic analysis allowed the breadth of all eight interviews to be explored and led to two principal themes. Two further themes were chosen to be explored in more depth, through discourse analysis: these were ideas that arose in the fifth and sixth interviews and which struck me as particularly interesting. Finally, an analysis of my subjective feelings and field-notes did not yield any new themes, but did inform the four generated by the first two stages of data analysis.

The findings were as follows:

Stage 1: Thematic Analysis:

(a) Difference as Dangerous

(b) A Profession in Peril

Stage 2: Discourse Analysis

(c) Neutrality of the Therapist

(d) The Location of Difference

Stage 1: Thematic Analysis

(A) DIFFERENCE AS DANGEROUS

Questions about ‘cultural difference’ prompted many clinical anecdotes about patients from different cultures. These were so often negative that they came together as a theme that difference is dangerous. Difference was associated with violence, rape, paedophilia, sexual abuse, child abuse, cheating and dishonesty; it was also often associated with madness, disorders or deformities. I felt there was sometimes an implication that, in ‘cultural difference’, the ‘bad’, violent or perverse sexual practice of the cultural ‘others’ produced damaged offspring. This is a fantasy discussed at length by Sinason (1992) in her writings on disability; here, however, it seems to be attributed specifically to the sexuality of the ‘culturally different other’.

These associations to ‘cultural difference’ call to mind Fanon’s (2008 [1952]) descriptions of colonial racism. Fanon describes the Negro as a “*phobogenic object*”, by which he means “*a stimulus to anxiety*” (p.151). Fanon goes into great detail about the sorts of anxieties – fantasies – aroused by the idea of the Negro:

“This object is endowed with evil intentions and with all the attributes of a malefic power. In the phobic, affect has a priority that defies all rational thinking. [...] If an extremely frightening object, such as a more or less imaginary attacker, arouses terror, this is also - for most often such cases are those of women - and especially a terror mixed with sexual revulsion. "I'm afraid of men" really means, at the bottom of the motivation of the fear, because they might do all kinds of things to me, but not commonplace cruelties: sexual abuses - in other words, immoral and shameful things.”
(p.155-156)

Fanon describes the violent and sexual fantasies that racial difference triggers. Elsewhere, he also details fantasies about intellectual inferiority, cultural inferiority and psychopathology – madness.

For Fanon, these fantasies are not born of racism on an individual level, but belong to a collective unconscious: the fact of being part of a racist, colonial society instils these fantasies and anxieties in its members –

“The question that arises is this: Can the white man behave healthily toward the black man and can the black man behave healthily toward the white man? A pseudo-question, some will say. But when we assert that European culture has an imago of the Negro which is responsible for all the conflicts that may arise, we do not go beyond reality.” (p.169).

Hall (1996) reminds us, when discussing Fanon’s work, to bear in mind the cultural and historical context for this: that is, Fanon discusses *specifically* race relations within the colonial situation, and *not* racism or ‘cultural difference’ more generally. Hall (1997) also argues, however, that these historical contexts continue to lend meaning to social identities such as race, class, gender and, though social identities change, their historical legacies persist. The legacy of colonialism therefore persists in our understanding of culture, difference and social identities.

Khanna (2003) goes further: she argues that the development of psychoanalysis, and psychoanalytic theory, can only be understood in the context of the Enlightenment interest in the development of the self – this is specifically a national self, built in the context of nationalism, nation-statehood and colonialism. For Khanna, psychoanalysis is dependent on colonial thought for its very existence. Her critique is

that, in that psychoanalytic colonial context, ‘cultural difference’, race and gender (femininity) always come to be associated with the primitive and psychopathology.

In the interview data that follows, some shocking fantasies – such as those described by Fanon and suggested by Khanna – emerge in explicit detail. I examine my feeling of shock later, in the analysis of my subjective responses to the data. I would here reiterate my respect for the participants and that I view the emergence of these fantasies as revealing much about modern society and, specifically, the professional trainings and institutions of child psychotherapy. Kovel (1995) reminds us that a ‘racist society’ is one that has come to be shaped by and organised around racism. In such a society (such as ours), all institutions arrange themselves around racism and every individual mind is touched by it: the data that follows therefore speaks volumes about our child psychotherapy institutions (and broader society). Whilst several authors assert the universality of racist thought processes (Davids, 2011; Keval, 2016), it is important here to acknowledge Morgan’s (2008) point about the importance of being able to bear this, whilst also being able to retain a sense of a benign self: this is what I have in mind when examining the responses of the interviewees.

Sex, violence and disability

One interviewee spoke of the disabled children from a Muslim marriage:

Interview 2, p.38

“I’m supervising or keeping an eye on work with somebody from I think [Country 3] [mispronounces] at the moment where there’s a, erm, a marriage which has produced two hugely handicapped children ... How did it happen? Was she knocked about?”

Interview 2, p.39

"One of them I think is probably, God knows what's the matter with him. I mean he's in school I know which takes dreadfully bad damaged children and you know, I've worked with somebody in that school to try and help the school to er, have a bit more of an open mind about the kids in it 'cause they sort of write them off"

In clinical anecdotes, Muslim fathers in particular were portrayed as dangerous, violent or perverse:

Interview 2, p.43

"the reason that the [Muslim] dad lost his job was because he was accused of rape"

And:

Interview 3, p.72

"And the other thing that was an issue er, with this child, or it came to light erm, that the, the child's [Muslim] father, you know the mother had divorced the child's father, but the child visited-

Mm-hmm.

-the father and er, you know, regularly and spent time there and it emerged eventually that er, on one of her visits to her father's, she had seen the, I think he had left her playing around on his, you know, his equipment er, she saw some pornographic movies that he'd er, he'd left in a way that was accessible to her."

Again, disability and difficult sexual development are associated with Muslim families:

Interview 6, p.139-140

"I mean I'm thinking for instance of, um, working through an interpreter with, um, er, a, a religious, um, Muslim family, um, where, er, there was a lot of resistance to taking on board

that their adolescent son was learning disabled, um, and it was very, and he, he was really struggling with his kind of sexuality and how to find a way of expressing that, and it was a very difficult situation."

Sinason (1992; 1999) discusses this common fantasy – that disability, deficit or deformity are the product of a ‘bad’ or violent sexual union – and also highlights the powerful hatred and even “unremitting” (1999) murderous feelings that these unions and the offspring they produce elicit in others. Sinason’s view is that the ‘damaged’ baby is seen in fantasy as a punishment for unhealthy, bad sexuality. She associates it with “unbearable” affect, including shame, and powerlessness: the terrible pain at seeing damage and being unable to repair it. Sinason links this fantasy very explicitly to disability, but also emphasises social class issues involved in it (giving the example of prostitution as a fantasised ‘bad sex’ resulting in punishment). The fact of these images being so readily connected to discussions of ‘cultural difference’ begs the question of whether it is hatred of this scale that is mobilised in the discussants. This would suggest that the splitting into good and ‘bad’ that ‘cultural difference’ might trigger involves not merely something negative, but very powerfully hostile indeed, to the extent of being murderous.

Kovel (1988) argues that sexuality is an ever-present feature of racism and discusses the ubiquity of rape fantasies in racial prejudice. He links this, like Fanon (2008 [1952]), to a fantasy linking whiteness with purity, blackness with virility and sin. Keval (2016) is, in my view, able to take these fantasies of ‘bad’ sexuality a step further, as he describes what follows from these imagined violent couplings. He links these fantasies to a ‘racist scene’, like the primal scene, in which a potent couple are

felt to be responsible for creating change, interlopers and intrusions. The interlopers rob or deplete what is felt to belong rightfully to the individual, causing huge hurt, anxiety, and feelings of injury. Keval asserts that, like the primal scene, this racist scene might be benign or malignant – such as in primal scene fantasies where the couple's sexual act is imagined to be terribly violent. For Keval, the outcomes of this fantasy can also be benign, sparking curiosity and concern for the other, or malignant, sparking terrible hatred and the need for revenge. These more malignant elements of violence and hatred are associated with regressed, 'two-dimensional' forms of thinking, where a more benign experience of the fantasy requires 'three-dimensional' thinking. In the latter, the individual is forced to face the loss and mourning that are forced by a recognition of the Oedipal situation (Britton, 1989).

In these anecdotes, this violence, perversion and resulting disturbance was *always* attributed to Muslim families. Muslims were even associated with murder and death:

Interview 4, p.105

"I said I'm very aware that you're coming to see me at a time when there's been all the news about Muslims blowing up, um, trains and people being killed"

Davids (2002) discusses Islamophobia in the wake of the September 11th attacks. He comments on the depth of Islamophobia now present in Western society and suggests that its pervasiveness restricts our ability – here he is deliberately including psychotherapists in his argument – to keep an open mind. Davids argues that it has long been known that racism involves splitting and projective identification, but that it is nevertheless striking how highly complex situations (such as the political situation around September 11th), when anxiety-provoking, are so easily reduced into simplistic

distinctions between good and bad. Davids describes how Muslims have become a bad object in the Western world. Moreover, he argues that psychoanalysis has much to offer in understanding the complexity of individual's motivations, in understanding the effects of trauma, and the states of mind involved in despair, hopelessness, revenge and fundamentalist thinking. Despite Davids' plea that psychoanalysts make their contribution in this way, it is clear from the interview data – as he predicted – that we are hardly immune, as a profession, to the current political and social situation. Davids (2016b) describes how powerful Islamophobia can reduce a complex social-political situation to the dynamic of an us-them duality: he argues this makes both sensitive observation and critical thinking extremely difficult. The extent to which Muslims are portrayed in the interview data as bad objects, though on one level disturbing, is anticipated in the literature.

Speaking about other cultural groups, too, child psychotherapists tended to use clinical anecdotes about sexual violence:

Interview 8, p.166

"I mean I remember a [Nationality 2] woman I saw, who, you know, she was persecuted by these men, I mean she'd been raped several times and she was persecuted by these men who were always coming after her"

I was initially shocked by the number of references to sex, perversion, rape, pornography and so on that came up in the anecdotes told in the interviews. However, this should have been anticipated for two reasons. The first being that several participants, at the outset, named sex and violence as being the most frequent

fantasies held about ‘cultural difference’: this was therefore already manifest and openly present in the data.

Interview 2, p.44

“[Sighs] Is there something about violence in some cultures? Erm, sexuality in some cultures.”

And:

Interview 4, p.104

“I think the whole idea about sex and violence comes up quite a lot, um.”

Secondly, following Fanon (2008 [1952]), and the more recent works of Kovel (1988) and Keval (2016) it really should come as no surprise whatsoever that ideas of difference immediately elicit sexual fantasies and, specifically, that perverse or dangerous sexual practices and desires are attributed to a ‘different’ other. This begs the question of why it did shock me so much to find these ideas in the data. Morgan (2008) describes our powerful defences against our own racism, which allow us to avoid the shame involved in owning racist thought. It seems possible that my shock at finding violent, sexual material in the data – that is, the absence of any ability to have anticipated it – might allude to such a defence, such as the disavowal of any such fantasies in me. Shame, however, was more readily accessible in the researcher’s subjective responses: I believe this has played a role in my decision to quote from field-notes, but not to make them accessible in full in the appendices. Nevertheless, it remains disturbing that these fantasies are so readily expressed, as this surely has implications for the clinical relationship, where the fantasies form part of the counter-transference. This is especially troubling when one considers the lack of space given to this in child psychotherapy trainings (Lowe, 2014) and the tendency for them to go unanalysed (Morgan, 2008).

Neglect & Child Abuse

Elsewhere in the interviews, the speakers focussed on parenting in other cultures, where this conjured up ideas of deprivation, neglect, violence and abuse.

Interview 3, p.77-79

"I'd only had this sort of one rather er, traumatic experience related to Jewish culture ... She was an unmarried mother and er, the er, people she was working with didn't want to have the baby, didn't want her to have the baby there, so he was fostered out and he was fostered with our family and er, his mother early on she used to, she used to visit regularly at-

Mm-hmm.

-weekends and you know, be in touch with the baby and so on er, but then she stopped visiting, she stopped visiting quite a long time, hardly ever turned up and then some years later, er, suddenly er, she wanted to remove the baby who, you know by this time didn't recognise her anymore-

Yeah.

-and was, when she came er, he sort of yelled and screamed and held on, hung on to my mother and didn't want to go with her"

Several participants emphasised the need to not to conflate cultural practice with child abuse:

Interview 4, p.94-95

"And the other thing that I say about culture is, um, don't say things are cultural when they might be something else -

Okay.

- if they be abusive. And that is about a child, my baby observation, the mother used to do some awful things with that child and she used to say 'well this is how I was treated and this is going to give the child backbone and help him to get

through work and live in a racist society'. Well she was talking about herself and how she was treated, yeah.

Yeah.

But, um, anybody looking at that couldn't just go down the road of saying that is cultural and that's fine, because really it was abusive."

Other participants argued that child abuse is "normal" in other cultures:

Interview 8, p.166

"I was talking to, er, this [Nationality 7] girl today and of course I've come across this before, in certain cultures it's quite normal to beat your children, I mean everyone does it, you know."

And:

Interview 8, p. 167

"And I've come across it in other cultures where, you know, it's perfectly normal for them to tie the children up even and beat them, you know, so, so that was in, um, where was that, was it [Country 3], it was a little girl had been playing with the boys and she wasn't supposed to do that and, you know, she got tied up and beaten as a result."

Generally, both parents (mothers as well as fathers) were portrayed as neglectful or abusive:

Interview 8, p.168

"quite often you're working with a child from a very, and in [City 1] even more so, you know, children from very deprived backgrounds whose, whose father was almost inevitably in prison and, er, whose mother was probably alcoholic, and er, you know, so there was a divide there"

However, as a point of contrast, there were instances where women were portrayed as good or helpful; men were only ever portrayed as bad. This splitting perhaps links to

Keval's theorization of the 'racist imagination' as a regressive fantasy of a pure *maternal* space, unintruded upon by difference.

Interview 2, p.44-45

"Though one of the very important things that I learned in working with somebody who was working with the most traumatised African woman I think I have ever heard about and maybe just more awful than anything else, but she had had a good mum and-

Yeah.

-a good grandma and rather than caving in under the most dreadful experiences, she was able to work with it"

Though the above example does provide a counter-example, where mothers are portrayed as helpful, it also serves to illustrate the idea of 'trauma', which frequently cropped up in the interviews, in relation to 'other' cultures. Children and women were most often seen as the victims of trauma; trauma was also associated with madness, hallucinations or hearing voices:

Interview 8, p.166

"It was, they, they [*the hallucinations*] ceased to persecute her, but I didn't think she was psychotic. I think it was an expression of her trauma and, um, you know, she, she was, you know, she had a lot of difficulties because she had some really terrible experiences and that was her way of managing them"

Cheating, Dishonesty and Secrets

Other representations of 'cultural difference' included references to it being normal to swindle and cheat; or the idea that other cultures kept shameful secrets.

Interview 1, p.14

"You see, I think a lot of the other cultures have perverse and delinquent elements in it, you know. There are ways in which you do things and you, you finagle and uh, you do a little bit of wink, wink, wink here and a little bit of you know, deal here and, you know, there are different ways of doing things which are normal I think in other cultures."

Dishonest dealings were also portrayed as coercive:

Interview 3, p.78

"So they sort of blackmailed me that way"

References were made to the keeping of dangerous secrets:

Interview 3, p.80

"and probably she didn't want to, this er, murky secret from her past to come out."

Taken together, I have called these many, frequent references to perverse sexuality, violence, madness, deformity and disability, cheating, lying and so on to form a theme that difference is *dangerous*. As I detailed when introducing the data, there were references to culture as a good, comforting thing and even protective of, or giving, sanity. However, these references to goodness were both far more scarce in the material and were all references to 'culture' in and of itself: all discussion of encounters with a culturally different 'other' generated anecdotes involving some sort of badness or danger. It therefore appears that it is not culture, per se, that is perceived as bad, but that forms of *difference* between people are felt to be dangerous. Lewis (2007) discusses how ordinarily culture is racialised and how historical processes pervade the social. I would therefore argue that this splitting into good and bad in the face of 'cultural difference' is a process with strong ties to racism and colonial histories.

Morgan (2008) reminds us of our need for defences to maintain the sense of a benign self: I would argue here that there is a need to maintain a feeling that one's own culture is both good and normal. Lewis (2000, 2007) argues that whiteness becomes "de-ethnicized": it is stripped of 'ethnicity' in fantasy, setting it up as a category for normality and neutrality. An encounter with "difference" sets up an us-them dynamic, which not only pervades fantasy and thinking, but becomes enacted in social and professional institutions (Lewis, 2000). Davids (2016b) describes the powerful effect this us-them dynamic has on hindering sensitive observation and critical thinking – both crucial for psychoanalytic work to take place. Lewis (2007) also reminds us of how racism pervades all of these processes – the setting up of whiteness as the norm, the splitting that follows an encounter with differences. I argue here that the extraordinary fantasies of badness that are so readily present in the interview material are thus intimately linked with the need to establish and maintain a fantasy of whiteness as the norm, and a fantasy of cultural 'neutrality'.

A Note on the Researcher Experience

Reviewing my research diary, I noticed that I experienced the interviews as 'good' or having gone 'well' when the participants expressed views that were similar to my own; I experienced them as 'bad' interviews when the participants expressed views that were different. Indeed, in my subjective experience, I felt that participants either 'had not answered' my questions or had misunderstood them when they expressed views that were not my own. I quote from my notes in the following table:

<i>Text</i>	<i>Researcher experience</i>	<i>Note</i>
<i>Interview 8</i> Field notes: <i>I feel disappointed – surely they would have had more interesting things to say. Difference – I experience interviews as “good” (interviews 1 and 6, for example) when they largely chime with my own views. I experience them as “bad” when they are different</i>	<i>Disappointment. Shock</i> when I notice my own struggle with admitting a different point of view.	I seem to experience splitting interviews into ‘good’ and ‘bad’ according to whether or not they resonate with my own views. This is a caveat to be borne in mind when analysing the data.

My understanding of these field-notes is that it is possible to see the fantasy of ‘difference being dangerous’ active here: as the seventh interviewee noted, it is not just ‘cultural difference’ that is felt to be difficult, but any difference of opinion:

Interview 7, p.156-157

I think that the profession is burdened by not being able to accept different ways of thinking, generally speaking.

Moreover, I experienced the differences of opinion as straightforwardly ‘bad’, which is suggestive of the kind of good-bad splitting that is key part of this theme and fantasy: difference is dangerous.

(B) A PROFESSION IN PERIL

A fantasy identified in the data was that of some sort of danger to the profession. This theme has various strands – the thoughts came in various guises. Among them was a clear link between ‘cultural difference’ and the danger to psychotherapy: this was an idea that acknowledging difference would force child psychotherapists to change their practice and that their work would no longer be ‘real’ psychotherapy.

Strong existential anxieties were also expressed: the fear that the profession has no future and might be obliterated from without; there were also views that the profession cannot cope with difference more generally and might somehow self-destruct from within. The anxiety of being destroyed from within links to a fantasy of ‘purity’ in the profession, pure technique, analytic neutrality, which I discuss in more detail below. Anxieties about being obliterated from without contain echoes of prevalent social and political anxieties about our society being overwhelmed by migrants – a racist discourse that was so dominant during the campaigns for the recent Brexit referendum and the election of President Trump in the United States. Keval (2016) discusses this common anxiety and links the geographical borders of the ‘mythical homeland’ with the fantasised, pure, maternal space of a regressed (pre-Oedipal) space that is uncontaminated by the intrusions of difference, of the generational and sexual differences of the Oedipal situation, and the realities of the external world. Keval argues that this fantasy is powerful as it provides a longed-for simplicity in thinking and a comforting sense of the familiar.

Participants expressed derogatory views about colleagues, feeling that they were ‘out-of-touch’ or that their working practice was being eroded. Sexual fantasies also arose again here, with some participants making explicit reference to malpractice within the child psychotherapy profession. Taken together, I saw a theme of a profession that was imperilled both from without and from within: that encounters with difference both between colleagues and between clinicians and other members of society were felt to place the child psychotherapy profession under great threat.

Eroding clinical practice

The clearest examples of direct links made between engaging with ‘cultural difference’ and a threat to the profession were made around the topic of the erosion of our clinical practice.

Interview 5, p.125-126

“But then I also think that maybe there is another issue which could be that, um, er, with cultural differences come different ways of doing things and that maybe that can dilute and can modify a way of doing, a way of working as a child psychotherapist. But I, I think that er, I think going back to my previous answer, I really think that there is something about, er, not losing from sight the, the psychoanalytic setting and how the setting, er, is a very basic one and should be applied from, from any different cultural background you come from really

Yeah.

You know, so, I imagine that there must be, um, benign fantasies about what difference can bring and maybe some more and more paranoid fantasies about, er, how destructive it could be –

Okay.

– for the discipline, but again I think it, to me it goes back to the setting.”

Several interviewees expressed a feeling that they had changed or adapted their approach in order to work with ‘cultural difference’ – this was generally seen as a good, liberating, necessary change, but all expressed an anxiety that it would be seen as ‘applied’ work, ‘unboundaried’ or somehow not ‘real’ psychotherapy by other members of the profession.

Interview 1, p.23

"That's what he talked about. Um, fortunately, dare I say, I wasn't being supervised by anybody {laughs} because I'm sure somehow or other that would have been questioned."

Or:

Interview 4, p.101

"It [*working cross-culturally*] may not fit all that easy with how we were taught to be child psychotherapists".

Ryan (2017) argues that the distinction between 'pure' and 'applied' work within psychoanalysis serves to perpetuate a hierarchy within the profession and that this process is a form of symbolic violence, which serves to maintain class divisions.

Others expressed a view that, should working practice change too much, the profession could cease to exist.

Interview 6, p.145

And I, I feel anxious about, like everyone, about the future of the profession, but I don't think it's just about whether we survive in the NHS or not, I think it's about whether, um, the training survives as a psychoanalytic training, yeah. Um and I guess, you know, we're talking about cultural shifts, other people might put it in more positive terms of, er, necessary adaptations and developments, but I see a great many, kind of, losses and I guess that's true in any kind of cultural shift.

The fantasy that working with 'cultural difference' is somehow not 'real' psychotherapy suggests a continued, and unviable, fantasy of neutrality in the analytic situation in our theoretical framework as child psychotherapists. This speaks to an urgent need for the trainings to change.

There was also a return to the fantasy that psychoanalysis forms a ‘pure’ culture of its own, free from intrusion by difficult encounters across cultural difference:

Interview 7, p.153

“However, I think that the fundamental work, psychoanalytic work and I think here all, um, of key theoretical concepts posed by key theoreticians of psychoanalysis and in my line of, um, of education that would be Freud, Klein, Bion and neo-Kleinians, that the concept that, er, they put forward, that are part of my own, are actually, er, defined in such a way that, um, that is free, er, from “contamination”, and I use that word advisedly and in inverted commas of course -

Yeah.

- as possible. I am talking yet again of transference, countertransference, projection, projective identification.”

The interviewee here makes clear that their use of the term “contamination” is qualified; it is, nevertheless, a strong word to have chosen. This relates to a fantasy that engagement across cultural difference could erode professional standards and that the theoretical basis of the profession is therefore defended against this. Morgan (2008) makes a similar point she asserts that psychoanalytic theory is universal and robust enough to withstand ‘external attack’ in the form of engaging with critique and also the ‘internal angst’ of the profession: I have earlier argued that this reveals a wish for psychoanalysis to form a “master discourse” (Auestad, 2015).

The profound existential anxieties present in these interviews about the survival of the profession give expression to points raised by Dalal (2011) about our contact with difference and experience of change. Dalal argues that any genuine engagement with difference (with other viewpoints that it brings) must be terrifying as it involves the

possibility that I might change and thereby become other to myself. Though he sees this as a hopeful process – bringing as it does the possibility of growth and transformation – the anxieties it raises are profound, a fear of the total loss of the self. Dalal describes this as a “profound loss” and, indeed, the scale of this sort of anxiety is given expression in this interview data. Keval’s (2016) descriptions of the anxiety about change focus more on fears of being robbed and depleted by different others: I believe that both of these points are relevant here, as interviewees appeared to express fears of the profession being destroyed both from within and from without.

Coping with difference within the profession

Several interviewees felt that the child psychotherapy profession has difficulty tolerating difference, more generally speaking, between colleagues. This topic arose both in relation to cultural or racial differences:

Interview 4, p.109

“Increasingly black therapists come into the profession and they struggle with a whole lot of things to do with how they’re received by their colleagues, whether they’re seen to be at the same level, whether their own cultural background, whether my [Nationality 1]-ness interferes with how I can be a proper child psychotherapist. I don’t think it does, I think it enhances it. But if you have that stereotype or that fantasy that this black child psychotherapist in training is not as good as you in terms of this, you’re repeating the whole process of racism.”

However, several interviewees also expressed an idea that the profession is unable to tolerate differences more generally:

Interview 4, p.103

But the profession I think is still struggling to acknowledge difference and the important of difference.

Or:

Interview 7, p.156

"I think that our profession is burdened with struggles in terms of, er, of its ability to accord a difference, er, of any kind really, and by that I don't really mean, you know, the, um, cultural differences in terms of, er, er, er, language, background, ethnicity, race, er, I, I also think that, I also by that mean and I suppose most importantly that the profession is very burdened with an ability to accept, accept, er, a difference in, er, thinking more broadly, which I think is more pernicious. I have to be careful about it, but that it is very pernicious to the pr-profession"

Putting it even more bluntly:

Interview 7, p.157

"I think that the profession as a group has a tendency, er, to accept what it recognises as familiar and finds it greatly difficult to accommodate what it does not recognise as familiar"

From the interviews, it would appear that quite a complex dynamic exists within the child psychotherapy profession, where child psychotherapists feel an external threat of posts being cut and that their skills are no longer welcome; however, there also seems to be a sense of attack between professionals, whereby child psychotherapists see members of the profession as being both victims and aggressors.

Interview 6, p.144-145

"I'm thinking of something else which is about, um, the real, the, the, the real, you know, that there's so much existential anxiety in the child psychotherapy profession at the moment [Mm-hm] and there's such a kind of sense of being embattled and I think there's a real difficulty in finding a kind of position where, um, one can hold on to and feel the value in our, um,

psychoanalytic culture, as it were. And I feel that there's such a, my own feeling, I mean there's, you know, there's the kind of temptation to denigrate any other sort of, um, approach.

Yeah.

But I also feel that there's a great, er, sort of, in my own view a kind of, um, self-denigrating, overly compromising abasement, as it were, you know. That there's a kind of, um, I don't know, maybe this is just my own bee in my bonnet, but I think there is something about a way in which we take on - I'm finding my way here with this answer - but that we, we take on perhaps the deprived, um, mistreated identity, you know, and that, that we end up somehow this, er, embattled, um, weakened sort of, er, pushed out presence, having to greatly adapt our way of working because otherwise, you know, if we don't agree to, um, you know, do an outcome measure at the end of each session then we won't be able to prove our worth and we're going to be kicked out."

Being 'out-of-touch'

Many participants expressed anxieties about clinical practice, which took the form either of worrying that they might not be able to make a 'connection' with a patient across 'cultural difference', or a more derogatory view that colleagues within the profession were out-of-touch. There were examples of moments during interviews, where the interviewee suggested (and I, in my subjective response, agreed) that older members of the profession were particularly out-of-touch: I found myself wondering whether this was an example of the profession being threatened from within, through hostility between professionals, or whether this might be an instance of projection, where both the interviewee and I projected our own prejudice and intolerance into others. Morgan (2008), emphasises how difficult it is to own one's own prejudices,

due to the terrible shame this causes, as well as the need to hold onto a sense of a benign (not racist) self.

Child psychotherapists' anxieties about their own clinical practice and ability to make connections took the form of feeling useless, inadequate or redundant:

Interview 8, p.171

"I think it is sometimes a feeling of, of uselessness really that you're, you're never going to get through and that they're suspicious of you because you're a different culture and, and you're not going to be able to make contact. I don't know that it's a fantasy; it's a reality, but yeah."

This feeling of uselessness led clinicians to doubt their clinical practice:

Interview 5, p.128-129

"I do think there is something about being different, you know, which triggers a series of anxieties, you know, and I think it puts your unconscious in a particular frame, you know. I think, er, I think you question yourself a lot more, er, if you are going to be able to understand someone who is very different from you, culturally different from you, and I think if you are questioning consciously yourself it's because probably unconsciously, er, there is something that you fear might not connect, you know, with the patient."

Other participants expressed more derogatory views about their colleagues' abilities to connect to the patient:

Interview 1, p.13

I don't think they really understand culturally where an awful lot of these kids are coming from.

Mm-hmm.

And I think they're quite judgmental really.

And being more explicit:

Interview 1, p.14

"I think child psychotherapy predominantly is filled with, with middle class women really.

Yeah.

And women comes into it here because I think that middle class and women create a particular kind of judgmentalist, that make them particularly judgmental. There's something about, I don't even know what I'm talking about but I, I know I'm talking about something important. {both laugh} [...] And then they fortify themselves with uh, concepts of perverse and perversion or delinquent or, all these terms which they're not comfortable with. They're not comfortable with delinquency. They're not comfortable with perversions. Um, they're very happy with little babies because that doesn't offend their sensibilities."

It is interesting that the interviewee here named "middle-class women" and neglected to say *white* middle-class women. This speaks to Lewis' (2000, 2007) arguments that the majority becomes de-ethnicized and experiences itself as the norm, without 'ethnicity', which then belongs only to others. The interviewee's last point here, of being "very happy with little babies" concords with Raphael-Leff's (2010) assertion that the profession has idealised the mother-infant dyad and that psychoanalytic theory is distorted as a result; Brooks (2014) raises a similar point about the profession's tendency toward idealizations and the distortions of theory that ensue.

The interviewee also describes these 'middle class women' as:

Interview 1, p.14

"somewhat repulsed by the common qualities of people".

Here, there is an acknowledgement both of how dominated the child psychotherapy profession is by the middle classes, but also of social class hatred. Ryan (2017) argues that class evokes “*extremely charged and difficult emotions*” (p.1); she also reminds us of the complex intersection between class and culture and argues that psychoanalytic institutions have been slow to engage with issues of social class. In the above example from the interview, this class hatred is attributed to other members of the profession – that is, neither to the interviewee, nor to myself, the researcher.

As well as more benign discussions of ‘feeling useless’, some participants made reference to dangerous practice within the profession, such as malpractice. This echoed the views expressed in the earlier theme of ‘difference as dangerous’, as ideas about sex and exploitation arose again:

Interview 1, p.17

“We have a, a consulting room upstairs which I don’t use actually anymore, interestingly because I just found it, became aware, because in, when I start, this is slightly off subject, when I first practised there, you know, uh, sex abuse and uh, uh, malpractice and all this sort of stuff, then, you, you know, uh, uh, and there were some therapists having it off with their patients”

A Note on Researcher Subjectivity

An exploration of my research diary, or field-notes, shows some anxieties about my *professionalism* as a researcher. These, I believe, echo the fantasies raised by the interviewees about ‘feeling useless’.

<i>Text</i>	<i>Subjective Feeling</i>	<i>Comment</i>
Interview 4 Field notes: <i>“Problems with the dictaphone – I feel like a fuckwit”</i>	Shame. I feel ignorant, I feel as though I am wasting the participants’ time. I am acutely aware of their status as a senior member of the profession	Ignorance and shame are now located in me
Interview 8 Field notes: <i>“Am I at fault? Perhaps I did not ask the right questions to tap into their expertise? Tried to make small talk after and felt foolish”</i>	I worry that I am inadequate as a researcher. I feel foolish	I am anxious about my professionalism, my abilities as a researcher.

In these examples, I feel foolish, stupid even, and anxious about my ability to carry out the research. This is reminiscent of the anxieties raised by the interviewees about their own skills as professionals and the future of the profession more broadly. I believe the fantasies identified in the interviews to be active in the research process itself (that is, in me).

I also notice, here, that the word I used in my research diary when describing my feelings of inadequacy and foolishness after the fourth interview was “fuckwit”. Here, I note Keval’s (2016) discussion of the use of the word “fuck” in derogatory, racist language: he links this to a ‘racist scene’, a primal scene in which a potent couple are felt to produce interlopers, who rob or deplete what belongs to the individual. Sinason (1989, 1992) discusses the many euphemisms we employ to describe ‘stupidity’ and discusses a fantasy present in the disabled child, their parents, and society at large, that intellectually damaged offspring are produced of a bad or

violent sexual coupling – another primal scene fantasy. My word is suggestive of this fantasy – that someone’s (my) *wits* have been damaged or depleted by a bad sexual act/coupling. I believe that this apparently casual choice of words in my research notes might actually signal the presence of these (derogatory) fantasies.

Stage 2: Discourse Analysis

(C) THE NEUTRALITY OF THE THERAPIST

Burck (2005), in her research in systemic family therapy, uses an adaptation of Gee’s (1999) approach to analysing discourse. Gee suggests breaking a text into poetry-like ‘stanzas’, in order to draw out the detail of concepts more clearly. Gee’s method is to limit each line to one grammatical clause or one main idea. Burck’s approach to this style of data analysis is to highlight the ‘refrain’ in the discourse. I have done likewise.

I chose two extracts to examine using discourse analysis: these were two ideas in two interviews that particularly struck me and stuck in my mind. This might be seen as an instance of using the researcher’s subjectivity, or counter-transference, to guide the process of data analysis, insofar as these feelings led me to choose these particular themes to examine more closely.

The first of these ideas was the fantasy that the therapist is ‘neutral’ and was discussed by the sixth interviewee:

Interview 6, p.140-143

Um, so sometimes it's more obvious,
but I think often it's played out
in a much more subtle way
and one of the things
is to kind of not assume,
I guess,
that you're, you're somehow on neutral ground!

(Refrain)

...
Yeah, well it's interesting isn't it,
because one always gives that example
and it, it shows how much your default position
is to think of
the neutral therapist
and the other sort of patient,
and all of these examples, it's always, you know,
the white therapist
working with the black patient,
you know, and it's, I mean that's why,
and I did give that example
and I think it points
to a kind of prejudice.

(Refrain)

...
Um, so, yeah
there's something to manage there
in terms of one's own position
that can feel quite different,
um, and, um, and also in terms of, you know,
when you say power relations
I think that's true as well
that, er, it can feel very different
when you, and, when you
work with a family
where you do feel
the parents are powerful
and I've also had that experience,
people who are prominent
or wealthy in a way,
and it can be very,
um,
anxiety provoking

when things perhaps don't go smoothly.

It can be hard to manage
one's kind of paranoia.

...

Well, I think
there is the kind of,
um, as I said,
something about,
I don't know if this is quite a fantasy,
but I think there is often
the kind of position
of somehow the therapist
being on the neutral ground.

(Refrain)

Yeah.

That they're the one
who's sort of,
I don't know quite how to put it,
but in the middle,
in the neutral position,
kind of majority position,
and the, and that the,
the cultural other
is the other,
is the, the patient.

(Refrain)

This interviewee makes explicit not only the fantasy that the therapist is able to be somehow "neutral", but also refers to the flip-side of this idea, which is that the patient is the "other", that is a 'different other'.

Here, it is useful to think of Khanna's (2003) argument a person (therapist) cannot occupy a particular position without 'banishing' the other into its inverse. To put it in her terms, for something to be in unconcealment, in the 'world', the other is 'earthed'. Following her thought, one could go so far as to say that in order for the therapist to

feel normal, or to hold a fantasy of being on neutral ground, *all* the badness and difficulty associated with difference must be projected into the patient and ‘concealed’ within him or her.

Like Khanna (2003), Davids (2011) holds that unwanted parts of the self must be contained by the ‘different other’, and never allowed to be seen for what they are. Davids (2011) uses the term “the racial other” throughout his discussion of internal racism and chooses to do so both to avoid confusion with the first ‘other’, the not-me, the mother, and with the second ‘other’ of the father in the Oedipal configuration – an other to the mother-child dyad. However, he uses the term in an exploration of “*the internal relationship between self and “other” of social stereotyping*” (p.15) and I argue that that is consistent here with the paired positions of normal/ neutral self and ‘different other’.

Davids (2011) writes about racial differences, but does state that his model of internal racism could be applied to other forms of difference. He holds that there exists an organised internal template of racism – a defensive organisation – which serves to defend against massive anxiety. This governs the relationship between the self (rid of all split-off unwanted aspects) and the other (now containing these). This organisation dictates that the object must be seen as different and never as normal.

I argue that this mechanism could equally be true of ‘cultural differences’, which are ‘picked up on’ even if they are less visible than differences of race. I believe Davids’ model to be the most appropriate for making sense of the findings of this study: where the self must always be preserved as normal and the other as containing all difference,

and, more specifically, where this difference is perceived to be something bad. Since my first finding in this study was that difference is seen as dangerous and is variously associated with madness, deficiency, violence, sexual perversion and lies, it follows that for the therapist to enjoy ‘neutrality’, they rid themselves not just of being ‘different’, but of everything this stands for: all the madness and badness detailed earlier.

Davids (2011) holds that this defensive us-them organisation will redouble its efforts, should the other be glimpsed – even momentarily – as ordinary, for under the organisation, the other must always be seen as different; Davids argues that this is the case as the defensive organisation is needed to defend against overwhelming anxiety. I suggest that seeing the other as ordinary causes such massive anxiety because it threatens one’s own sense of normality. A further question is to consider the nature of the anxiety raised. Considering the thoughts child psychotherapists had about how to define culture – “*The air you breathe*” (Interview 8, p.163) – I would go so far as to suggest that it might sometimes be annihilatory anxiety: I believe this is what is expressed in the fantasy that the child psychotherapy profession is in peril. At other times, seeing the other as ordinary might cause anxiety because it could threaten the role the other has in containing split-off parts of the self: I speculate that one’s sense of normality is threatened by having to own any madness or badness. Morgan (2008) writes the need to maintain a sense of a benign self can prevent us from recognising our own racism; I speculate that this need for a “benign” self includes one that is both broadly ‘good’ and ‘sane’ and that this is why it is so difficult to take back the split-off parts of the self that are projected into, and contained within, the culturally

different other. Putting it differently, the fantasy of a benign self is an important part of feeling that the self is “normal”.

Discourse in Context

Gee (1999), whilst acknowledging that discourse analysis allows the researcher to examine the text in detail, emphasises the need to consider the wider context of the material. I therefore present this same material in its original context below and have highlighted in grey the extracts used in the discourse analysis:

Interview 6, p. 139–145

Yeah. Um, what about clinical practice, either with the child or with their parents, how do you think cultural, cultural difference impacts on that?

Well I think that, um, inevitably it does. Er, again I, I sort of feel the question is, um, [pause] quite vague in a way.

Yes it is.

I mean I’m just thinking, you know, maybe that’s deliberate, but that how, I mean, in any kind of exchange there’s going to be all sorts of questions about what people are bringing from their own kind of wider social context. Um, so, I mean sometimes that’s really in your face and you have to kind of figure out ways of saying things across what you feel is a kind of gulf. I mean I’m thinking for instance of, um, working through an interpreter with, um, er, a, a religious, um, Muslim family, um, where, er, there was a lot of resistance to taking on board that their adolescent son was learning disabled, um, and it was very, and he, he was really struggling with his kind of sexuality and how to find a way of expressing that, and it was a very difficult situation. And, um, there, er, there was something about finding a way of speaking to his mother in particular, where she was able to say, well, God made him this way, is that what you’re trying to tell me, that God made him this way. And that I kind of said yes to that, because I felt it was, it was like, um, what I was trying to get at was, you know, this is a young man who came to the world in a kind

of, with certain difficulties. It was very likely from his history he'd always had these learning difficulties and always would. And so in that sense sometimes you feel, you know, you need to kind of adapt how you're speaking.

Um, so sometimes it's more obvious, but I think often it's played out in a much more subtle way and one of the things is to kind of not assume, I guess, that you're, you're somehow on neutral ground!

Yeah.

You know, that you, you know, as if you don't represent something to them, being, you know, I've talked about my very mixed background, but, you know, I'm a white man, that's going to mean something to someone, um, yeah.

Okay, um, do you think there are any particular advantages to working across cultures, [pause] or disadvantages?

Um. Well, I guess there can certainly be an advantage in terms of understanding when two people share a certain kind of background, I suppose that's true, um. And I, I think working across cultures, one always has to be very aware of the kind of, er, extent of one's potential ignorance, um, and of the kind of relationships, the, the kind of historical background that might become part of the relationship, as it were. And I'm thinking particularly about histories of oppression, of power relationships between cultures, you know, and I, and I, I'm thinking of that both in terms of racial relations but also class.

Mm-hmm.

So I think if, you know, if you're working with someone from a working class northern background and you're speaking in a well-spoken middle class southern voice, that's got a particular kind of meaning.

Yes.

Yeah. Yeah and there's a history behind that and, and a present obviously as well.

Yeah.

Yeah. Yeah.

What advice would you give to a colleague who was going to take on a case that was going to be working across some kind of difference?

Um, well, it's interesting you're asking these questions, um, and it's making me reflect, because of course in a setting like this you're doing that all, all the time, for, I mean, you know, I guess in a way I feel, um, with my own cultural background, it's always across cultures, and, and maybe that's true for everyone to some extent, um, and I think it's certainly true, yeah, here and in my private practice, everywhere I work really. Um, I guess I would, you know, if, and it's not something that is thought about a lot in an everyday kind of way I don't feel, and probably not reflected on enough in a way, and I'm not sure, I'd need to think about it more really. I think I'd try to use some of the reflections that I've been doing in this interview, I guess.

Yeah.

Yeah. Yeah. Yeah.

You, you mentioned social class.

Uh-huh.

Um, I was, I mean you, you mentioned also, um, sort of historical power relations and the example you gave was a sort of a southern middle class therapist potentially with a northern working class family. What about when it happens the other way around.

Yeah.

Do you encounter in your private practice people from more upper class backgrounds or not?

Yeah, well it's interesting isn't it, because one always gives that example and it, it shows how much your default position is to think of the neutral therapist and the other sort of patient, and all of these examples, it's always, you know, the white therapist working

with the black patient, you know, and it's, I mean that's why, and I did give that example and I think it points to a kind of prejudice. Um, yes, it has been very interesting because, um, in my private work I do sometimes work with very wealthy, um, I guess, upper class kind of families. Sometimes upper class in sort of thinking aristocratic background, sometimes people who've made a lot of money, sure, but yes, and it is very different, because when you're, um, in a, in a setting where often you're, the families you work with, your patients or whatever are from much more deprive-deprived backgrounds from your own, you're managing one set of issues, but you don't have to manage your own envy in the same way

Yeah!

that you do when working say with someone who, you know, say with children who, you know, don't have to work and will never have to work in their whole life, who will have access, esp-especially having children of one's own for instance and working perhaps with children from families where they can access all sorts of things that one can't. A private education and amazing trips, experiences, things that you, you feel that you've never had and never will have and that your children won't have.

Um, so, yeah there's something to manage there in terms of one's own position that can feel quite different, um, and, um, and also in terms of, you know, when you say power relations I think that's true as well that, er, it can feel very different when you, and, when you work with a family where you do feel the parents are powerful and I've also had that experience, people who are prominent or wealthy in a way, and it can be very, um, anxiety provoking when things perhaps don't go smoothly. It can be hard to manage one's kind of paranoia. Yeah. Yeah. So it is interesting.

Yeah. Um...

And it, and it's interesting sometimes, you know, on occasion to really be treated like [*clicks fingers*], you know, the stable boy or, you know, and it's obviously part of the, the psychotherapeutic relationship, but it's a different position to kind of manage.

Yeah.

Yeah. Yeah.

Um, I wanted to ask you a, a bit about fantasies, conscious and unconscious. Um, I was wondering how you think cultural difference is viewed within the profession?

Fantasies?

Hmm.

So you're asking me how cultural differences are viewed within the profession, but, but, but wanting a reply in terms of what sort of fantasies there might be?

Or, yeah, what you, what sort of fantasies you think circulate within the profession about it, either consciously held ones or unconscious ones.

Yeah. [Pause] Hmm. Hmm. Well, I think there is the kind of, um, as I said, something about, I don't know if this is quite a fantasy, but I think there is often the kind of position of somehow the therapist being on the neutral ground.

Yeah.

That they're the one who's sort of, I don't know quite how to put it, but in the middle, in the neutral position, kind of majority position, and the, and that the, the cultural other is the other, is the, the patient. I think often with a lot of the profession working in context where, um, where the patients are so deprived and, um, and yeah, I don't know, I was going to say - I find that a difficult question to answer though in terms of what sort of fantasies. I mean I think there's a way in which one has to, in which everyone is a - I mean I think there are, in a way, are kind of fantasies that operate through a society, you know, that, that, so, you know, that, and which child psychotherapists, like everyone else, are kind of interacting with, you know

Yeah.

um, and certain kind of cultural stereotypes within our society that you are having to think of, well, or should be reflecting on and

thinking about in your work, like, I don't know, the violent young black man, you know!

Yeah.

Or, or, um, but, I mean I think, to, to slightly add a - to put a different kind of angle on the question as well and maybe, I don't know if this is - I mean I'm also thinking about therapeutic cultures which is, you know, because your questions are quite vague, and I'm thinking of something else which is about, um, the real, the, the, the real, you know, that there's so much existential anxiety in the child psychotherapy profession at the moment [Mm-hm] and there's such a kind of sense of being embattled and I think there's a real difficulty in finding a kind of position where, um, one can hold on to and feel the value in our, um, psychoanalytic culture, as it were. And I feel that there's such a, my own feeling, I mean there's, you know, there's the kind of temptation to denigrate any other sort of, um, approach.

Yeah.

But I also feel that there's a great, er, sort of, in my own view a kind of, um, self-denigrating, overly compromising abasement, as it were, you know. That there's a kind of, um, I don't know, maybe this is just my own bee in my bonnet, but I think there is something about a way in which we take on - I'm finding my way here with this answer - but that we, we take on perhaps the deprived, um, mistreated identity, you know, and that, that we end up somehow this, er, embattled, um, weakened sort of, er, pushed out presence, having to greatly adapt our way of working because otherwise, you know, if we don't agree to, um, you know, do an outcome measure at the end of each session then we won't be able to prove our worth and we're going to be kicked out. And so I, I feel that there is something, a, a kind, it's - I don't know. I don't know whether that's in your remit, but I feel...

It is in my remit, yeah.

Yeah. Yeah. Yeah. So, I guess that's something that I think, you know, this kind of being in the deprived position somehow or the, the kind of, the real struggle to feel the value of what we do, I think, not to kind of just fold and become something else.

Uh-huh.

Yeah.

And do you think that that is impacting on the work that we're doing at the moment?

Yeah, I'm sure it is. I'm sure it is. And I, I feel anxious about, like everyone, about the future of the profession, but I don't think it's just about whether we survive in the NHS or not, I think it's about whether, um, the training survives as a psychoanalytic training, yeah. Um and I guess, you know, we're talking about cultural shifts, other people might put it in more positive terms of, er, necessary adaptations and developments, but I see a great many, kind of, losses and I guess that's true in any kind of cultural shift.

Yeah.

Yeah.

Yeah okay, um, that's, sort of, brought me to the end of my questions. Is there anything else that you want to mention?

I don't think so, no.

Here we see that the interviewee referred to a fantasy of “neutrality” four times in a short space of time during this interview.

Given that the concept of analytic neutrality is largely discredited in the literature (Balint & Balint, 1939; Goldstein & Goldberg, 2004; Greenberg, 1991; Renik, 1995, 1996), it is interesting that the interviewee invoked it on several occasions.

First extract

This follows a description of a difficult piece of clinical work. The interviewee suggests this is difficult work in a number of ways:

Difficult clinical work

- "sometimes that's [the 'wider social context'] really in your face"
- "you have to kind of figure out ways of saying things across what you feel is a kind of gulf"
- "working through an interpreter"
- "there was a lot of resistance"
- "he was really struggling"
- "it was a very difficult situation"
- "there was something about finding a way of speaking to his mother"

The interviewee then also names a number of areas of difference in this particular case, namely:

Areas of 'difference'

- "a religious, um, Muslim family"
- "their adolescent son was learning disabled"
- "his kind of sexuality"

Here, we are reminded of intersectionality (Ahmed, Castañeda, Fortier & Sheller, 2003; Crenshaw, 1989; Delgado & Stefancic, 2001; Marriott, 2007): that the many axes of difference are inextricably linked.

Finally, examining the resolution of this clinical vignette:

"...is that what you're trying to tell me, that God made him this way. And that I kind of said yes to that"

I would suggest that there are several factors here that might provoke intense anxiety: a difficult piece of clinical work; an encounter with several different kinds of ‘difference’; and a clinical ‘interpretation’ that might have felt outside the boundaries of more ‘orthodox’ clinical practice (‘God made him this way’).

Second Extract

Before the second mention of ‘neutrality’, there are a couple of references to ignorance, or perhaps to a situation of ‘not knowing’:

Ignorance/ ‘Not Knowing’

- “one always has to be very aware of the kind of, er, extent of one’s potential ignorance”
- “probably not reflected on enough in a way, and I’m not sure”

Historical context

- “I’m thinking particularly about histories of oppression, of power relationships between cultures, you know, and I, and I, I’m thinking of that both in terms of racial relations but also class.”

Whiteness

- “I’m a white man”

Third and Fourth Extracts

Social Class

- “I do sometimes work with very wealthy, um, I guess, upper class kind of families”
- “Sometimes upper class in sort of thinking aristocratic

background, sometimes people who've made a lot of money"

- "on occasion to really be treated like [*clicks fingers*], you know, the stable boy"

Envy

- "but you don't have to manage your own envy in the same way"
- "children who, you know, don't have to work and will never have to work in their whole life, who will have access, especially having children of one's own for instance and working perhaps with children from families where they can access all sorts of things that one can't. A private education and amazing trips, experiences, things that you, you feel that you've never had and never will have and that your children won't have."

Examining the wider context suggests that there are various elements in this conversation that might be anxiety-provoking. This then begs the question of whether the notion of 'neutrality' or a 'neutral therapist' is invoked defensively to ward-off this anxiety: I am, however, wary of "overstretching the clinic" (Hook, 2008) and interpreting the interview material beyond the ethical and methodological remits of the research. It is, nevertheless, helpful to note the context of this discourse on neutrality, as it draws our attention to issues of social class, which remain under-examined and under-theorised in psychoanalysis (Ryan, 2006, 2014, 2017), of historical, colonial relations (Khanna, 2003) and the possibility of 'whiteness' being set up as the neutral category (Lewis, 2000, 2007). Moreover, it gives a real flavour of how anxiety-provoking it can be to think about issues of 'cultural difference'.

Putting this idea into slightly different terms, it is possible to wonder whether – in the face of the complexities of 'cultural difference', the interviewee invokes a fantasy of neutrality, despite this having been widely argued against in the psychoanalytic

literature, in order to invoke some sort of psychoanalytic ‘habitus’ (Bourdieu, 1977 [1972]). As other interviewees described culture as something that gave comfort or sustenance, it might be argued that a retreat into a psychoanalytic ‘habitus’ is more comfortable experience than those described above by the interviewee.

A Note on Researcher Subjectivity

An exploration of my field-notes, kept both in the form of a research diary and comments in the margins of the first-draft transcripts of interviews, shows this fantasy of the therapist, self (or researcher) as ‘neutral’ to be operative through the research process. I list some of these in the table below:

<i>Text</i>	<i>Researcher Subjectivity</i>	<i>Comment</i>
Interview 1, p.7 <i>Um, I’m white, obviously. English. (...)</i> <i>Lower middle class background up to whatever kind of professional middle class I am now</i>	I come to notice that I do not disguise whiteness, Englishness or middle class-ness in the interview texts. I disguised all other ethnicities and languages in the interviews.	I saw whiteness and Englishness (and being middle class) so much as the norm, that it did not occur to me that these might need to be disguised. White Englishness is therefore “neutral”
Interview 1, p.13 <i>And I don’t think they really understand culturally where a lot of these kids are coming from.</i> Mm-hmm <i>And I think they’re quite judgemental really</i>	I agree with this, in my heart	We are both locating prejudice in others (here in older, female members of the profession) This allows us both to have the fantasy that we are both somehow non-prejudiced or <i>neutral</i>
Interview 2 Field notes (post-interview): <i>We talked at cross-purposes. We have talked for an hour without <u>saying</u> anything</i>	I am cross. I feel nothing (interesting?) has been said I feel the participant has not engaged with my topic	I am locating ignorance and prejudice in the participant, allowing me to hold my fantasy that I, as the researcher, am <i>neutral, knowledgeable and open-minded</i>

Interview 3 Field notes: (pre-interview) <i>I am humbled by their willingness to participate (makes me rethink my own preconception that they are old-fashioned, out-of-touch and closed-minded)</i>	I am ashamed of my prejudice	I am ashamed as I have been confronted with my habit of locating ignorance and prejudice in others, so that I can maintain my fantasy that I am a <i>neutral</i> researcher
Interview 3 Field notes: (post-interview) <i>Frustration: I feel they have not actually answered the questions</i>	I feel they have not engaged with the topic.	I now locate ignorance and prejudice in the participant once again and regain my fantasy that I, both as a therapist in training and as the researcher am <i>neutral</i> .

I believe that the field-notes reveal this fantasy of ‘neutrality’ to be active, not just in the child psychotherapy setting, but in the research process, too: there were clearly times at which I held the fantasy that I could be a ‘neutral’ researcher. Moreover, my slip in disguising some identifying features, but not others, suggests that I have a strongly held fantasy that being white, English-speaking and middle-class (as I am), is the ‘norm’. Lewis (2000, 2007) notes how whiteness becomes “de-ethnicized” such that ethnicity is seen as belonging only to racially different others, allowing whiteness to be set up as a universal human category, a neutral norm. I believe that I enacted this fantasy in my failure to disguise whiteness in the data. In the discourse analysis, we see that the interviewee specifically named “*the white therapist*” when discussing neutrality. Both in the discourse, and in the analysis of my subjective responses, we see not only that the fantasy of a ‘neutral’ therapist persists within the profession, but that this neutrality has been claimed as a white prerogative.

At those moments where, in the field-notes, I am able to notice my prejudices, I experience shame. Morgan (2008) often writes about the shame involved in

confronting one's prejudice. Indeed, I found this to be a more accessible counter-transference feeling than anxiety, which Davids (2011) sees as the predominant driving force of internal racist organisations. Davids builds his argument about a defensive structure operating in *the unconscious*, to defend against overwhelming anxiety, which provides one explanation for the relative absence of anxiety here – perhaps it is simply too strongly defended to be readily accessible and examined in my subjective research experience.

(D) THE LOCATION OF DIFFERENCE

The second idea I chose to examine more closely through discourse analysis came from the fifth interview and was the idea that difference moves and is located in someone: I *felt* this shifting back and forth through the interview. Where the interviewee described feeling foreign, I felt normal, whereas when they spoke about feeling less different nowadays, I suddenly felt very much so. This is therefore another example of allowing the researcher's subjective experiences to guide the process of data analysis.

Interview 5, p.126–127

I guess I,
at the start of my training
I felt very foreign,
you know,
and I felt very different,
so perhaps when working
with cultural differences
I felt very comfortable
maybe, er,
as if there was something
that some of these chil –

'I used to be different'

I could empathise a lot more
with some of these children
I was working with,
you know,
but I think as the,
as my profession has developed,
I, I feel a lot less foreign
in a way,
so I feel a lot less different,
culturally different now,
which I don't think it's only
because I have had more experience
of work,
I think it's also
because I have been here for longer,
you know.

Refrain:
'I am not different now'

Yeah.

Um, so I think at the beginning
I felt very different
and in a way,
er,
identified with patients
who were culturally different
as well, you know,
and maybe a little bit
more intimidated
by a family that was English
for example, you know -

'I used to be different'

Yeah.

- and coming to see someone
who is not English
and all the possible fantasies
they could have about,
is this person going to understand me,
is this person going to,
to really get me
or not
and, and who is he,

what is he doing here,
and all the different fantasies
you can have
about why is he here.
Um, so at the beginning
I felt insecure,
anxious,
er, with people
who were, er, local
you could say, you know.

Yeah.

Um, but I think
that is something
that's changed quite a lot.

Refrain:
'I am not different now'

What is striking in this discourse is the interviewee's feeling of having been different at the start of their career: that is, a foreign-born psychotherapist with an accent. This participant emphasised how they felt less different as their career progressed – that is, as they completed not just one, but two professional trainings. Elsewhere in the interview, this participant made several references to the psychoanalytic setting and the importance of maintaining this in cross-cultural work. It seemed that this participant 'felt different' when employing their identity as a foreigner in the UK; however, as their identity shifts to that of their *professional* identity, the interviewee recovers a sense of being 'normal'.

Exploring this passage through discourse analysis reveals a fantasy that feeling 'different' can shift. I would make this more explicit, however. As I noted in my field-notes, my own subjective feeling in this interview was to feel 'normal' (in this case, native, English-speaking and British) whenever the interviewee spoke of feeling

foreign. However, when they spoke of the psychoanalytic setting or their two trainings, I felt ‘different’ (that is, still in training, unqualified, not undertaking a second training). I therefore argue not just that the feeling of being ‘different’ or not can shift, but that it shifts between people. This is suggestive of a fantasy that difference can and will be ‘located’ somewhere. In this fantasy, ‘cultural difference’ does not exist as a ‘differential’ *between* people, but as a ‘difference’ that can be located *in* one person. Or putting it slightly differently, a ‘difference’ is not imagined as a feature of a dynamic between people, but becomes a thing in itself, a feature of just one person in a pairing.

Davids (2016b) gives a personal reflection on his experience at a group relations conference, whose task was to explore the legacy of the Holocaust for Germans and Israelis:

“With hindsight it is possible to see that my stance at the time was particularly defensive: quite early on I had taken refuge in my identity as a professional in order to avoid the powerful emotions involved in being present as a very particular other – Muslim, felt to be in sympathy with the Palestinians, and unwanted” (p. 52)

Davids here raises two points that I believe to be relevant here: the first is that he used his identity *as a professional* to avoid the feelings associated with being a ‘different’ other. Putting it slightly differently, he was able to use his professional identity to re-establish his feelings of ‘normality’ after being made to feel ‘different’ by the group. I believe this same process to be highlighted by the ‘refrains’ in the discourse above. This establishment of normality through the professional (psychoanalytic) identity is

suggestive of the fantasies discussed earlier: that the psychoanalytic profession is felt to have a 'pure' or 'neutral' culture of its own. The second point is that the group was, at that moment, locating a feeling of 'difference' in Davids. The very particular instance of 'difference' in that setting was one of being affected by the Holocaust (the German and Israeli members of the group) or not 'counting' as affected (in this instance, Davids, as he was associated with Islam). I believe this to be consistent with the refrains in the discourse above: that where people come together, difference must be located *in* a 'different other' in order that the remaining person or people might claim normality for themselves. Thus, difference is not felt to be a dynamic or differential, but is felt to be located *in a person*.

In his exploration of his own personal experience of this, Davids (2016b) argues that it is the *physical presence* of the other that brings these issues powerfully to the fore and it is only in the physical presence of the other that they can be worked through. He argues that this work requires containment – in his example, the work took place the following year in the event's staff group. Davids' point raises particular issues here: if it is the physical presence of the other that causes these issues to surface, we might anticipate that the reality of the clinical situation will cause it to arise (or in the example above, the physical reality of a face-to-face research interview). Moreover, he stresses the containment needed in order to explore these powerful feelings adequately. In his example, the staff group of the group relations conference were meeting as colleagues (equals). How then, do we expect these issues to be explored satisfactorily in a training analysis, where training analyst and analysand are not on an equal footing and exist as a pair and not as a group? Whether the setting of the training analysis would be able to provide adequate containment to work through the

feelings aroused by being made to own ‘difference’ is an interesting point. Morgan (2008) certainly does not believe that issues of difference *are* adequately addressed in training analyses or in clinical supervision; yet, the question remains of whether our training structures are such that these issues *could* be worked through, or whether they require a group ‘thinking space’ (Lowe, 2014) to provide the necessary containment. Zagermann’s (2017) collection of papers brings together various authors who all argue that the training analyst system, and the power dynamics that go with it, limits the scope of the training analysis and stunts the psychoanalytic profession in various ways.

The discourse above hints at other themes discussed earlier: the participant mentions feeling anxious – “*I felt insecure, anxious*” – when they describe their feeling of being ‘different’; and, indeed, at those moments of ‘shift’ when they discussed their professional identity, I began to feel anxious, insecure or somehow ‘lesser’ – inferior – in my own subjective experience. Feeling different here is associated with feeling anxious and this is no wonder given that difference was variously associated with even extreme forms of madness and badness throughout the interview material. Furthermore, there is a *power* dynamic at play. The instances where I felt ‘different’ (as a less educated, unqualified member of the profession), I felt inferior. Similarly, there is a power dynamic at play between the interviewee-as-foreigner and the (white, British) social majority (which I identified with during the interview). Auestad (2015) and Dalal (2011) both argue that social power dynamics are insufficiently theorized in psychoanalytic writing. Here, I can only try to describe how anxiety-provoking and uncomfortable it was to be in the inferior position, even if only for short periods of time.

In the interview above, the participant did also suggest that there were some advantages to feeling “different”, such as having greater empathy for patients. However, on the whole, the discourse reads as though feeling different brought discomfort and not feeling different any more comes as an achievement.

The flip-side of this is that feeling ‘normal’ is associated with feeling comfortable: “*I felt very comfortable*”. This idea also appeared in other interviews, when participants defined “culture”:

Interview 8, p.163

“Well I suppose it’s the air you breathe, it’s the, the sea you swim in, it’s the, you know, it’s the way everything is defined”

This seems to express both the idea that one is immersed in one’s own culture, surrounded by it, but also dependent on it. That is, both dependent on it for survival (‘the air you breathe’) and dependent on it to make sense of the world.

Another participant expresses this same idea slightly differently, that culture is something a group:

Interview 1, pp.7-8

“-enjoys, gets sustenance from, gets some sort of sanity from really, because it’s a wide open world and there are myriad possibilities and I think one’s culture helps one to shape one’s life in it. [...] It’s reinforcing and uh, fortifying and um, um, {pause} it kind of lifts you up really, helps you deal with the complexities of everything really so-

Mm-hmm.

-it's a very amorphous thing but it's, paradoxically it's amorphous, but almost tangible really. Like I know where I am on a particular issue really.

[...]

But it's there and uh, I rather love it, frankly. I like my culture.

Mm-hmm.

I like my culture, that I'm in."

Again, here, there is a sense that culture is something one is *in*, that makes sense of the world, makes one feel fortified and normal and that this brings comfort and pleasure. This is reminiscent of Lewis' (2009, 2012) exploration of cultural artefacts in family life: the food, songs, television programmes and other 'things' that build up a sense of a family's normality and their ordinary way of life. This perhaps links to that which Keval (2016) terms the 'sense of the familiar'. He emphasises how crucial this is: where this sense of the familiar is threatened or lost, huge anxieties arise, bringing into play defensive racist states of mind.

Discourse in Context

Again, examining the discourse whilst bearing in mind the wider context of the interview (Gee, 1999):

Interview 5, p. 123-127

Er, if you were going to give advice to a colleague who was about to work with a, a difference of culture, is there anything in particular that you would advise them?

Uh-huh. Hmm. Well, I think that, er, er, the only thing I can think of, er, which is what I try to do is, er, to always keep in mind in as much as possible, um, the, the very fundamental basics of the psychoanalytic setting, um, because I think that sometimes, er, or I

think that with-without the setting one is lost, you know, and I think sometimes because of, um, a fantasy that you have to accommodate maybe a bit more to certain people in one way or another, um, you do not, you lose that aspect of the setting or you lose the setting and, and I think that that is what, er, can create a lot of complications and problems, you know, because I think if you don't have this, I think clearly established, it's very hard to work, you know.

Yeah.

So your psychoanalytic stance, er, the, the boundaries, um, about times and all those basic things, I think sometimes, and I am saying this again coming from a place where things are very informal and times are not respected, you know, and it's very easy, for example, for a [Nationality 3] patient to come late and to expect to stay in the session for 10 more minutes, 15 more minutes, and if you don't do it you become this very horrible person.

Yeah.

Um, and if you talk about this for example with a [Nationality 3] analyst or a [Nationality 3] child psychotherapist, they will say, oh but what's the issue, you know, you, you can be, you can give a few minutes at the end if they were a few minutes late at the beginning of the session, why not? But I think that when you, when you lose those things, because then it becomes endless, you know, because maybe there will be a, a different issue with, I don't know, maybe a Jewish family where you, I don't know, you should behave in a particular way or only talk to dad and not talk to mum, or, but if you have a good clear stance and you are always aware of it with whomever you are working with -

Yeah.

- I think that's when you will always be doing psychoanalysis depending on, on the cultural differences. Now that's what I do, I try to do, so that's what I would recommend, you know.

Okay. Um, I wanted to ask you a bit about, more about fantasies and possibly unconscious fantasies that we hold within the profession.

Uh-huh.

Um, how do you think that cultural differences are viewed within the child psychotherapy profession?

Wow, [Pause] I, er, [Pause] within the profession?

Within the profession, yeah.

Uh-huh. I don't know. I don't, I don't, I don't, I don't think that, um, my experience is that there has always been, er, an atmosphere of tolerance, you know, to, to cultural differences within child psychotherapy, that is the impression I have, er, but I am not entirely sure about how much space it's been given to think about it, you know.

Okay.

So, so I wouldn't be able to say that much. My, my, my experience has been, er, that it is open and, and, and that there is a lot of tolerance, but really I don't know. I don't know, I, I don't know how much, how much space there actually is to, to think about it and to, to, an awareness about it and, and if it is valued or not and if there is an interest in it or not, I, I don't know, but, um, yeah.

Sure, um, and what sort of fantasies and maybe unconscious fantasies do you think circulate within the profession about cultural difference?

Uh-huh. Mmm. [Pause] I think that there, there is probably, um, a, a fantasy which is, er, mainly, you know, about, er, cultural difference as something that might, er, well yeah, let's say on the one hand something that could enrich the profession, you know, that, um, cultural differences can bring, er, something new or a different perspective, you know, um, and in that sense it is welcomed. I think that's one thing. But then I also think that maybe there is another issue which could be that, um, er, with cultural differences come different ways of doing things and that maybe that can dilute and can modify a way of doing, a way of working as a child psychotherapist. But I, I think that er, I think going back to my previous answer, I really think that there is something about, er, not losing from sight the, the psychoanalytic setting and how the setting, er, is a very

basic one and should be applied from, from any different cultural background you come from really.

Yeah.

You know, so, I imagine that there must be, um, benign fantasies about what difference can bring and maybe some more and more paranoid fantasies about, er, how destructive it could be -

Okay.

- for the discipline, but again I think it, to me it goes back to the setting.

Sure, um, I'm not sure if, you know, if you remember at all and if you're willing to say. Do you know what sort of fantasies you had of working with difference at the start of your career compared to now?

Uh-huh. I guess I, at the start of my training I felt very foreign, you know, and I felt very different, so perhaps when working with cultural differences I felt very comfortable maybe, er, as if there was something that some of these chil - I could empathise a lot more with some of these children I was working with, you know, but I think as the, as my profession has developed, I, I feel a lot less foreign in a way, so I feel a lot less different, culturally different now, which I don't think it's only because I have had more experience of work, I think it's also because I have been here for longer, you know.

Yeah.

Um, so I think at the beginning I felt very different and in a way, er, identified with patients who were culturally different as well, you know, and maybe a little bit more intimidated by a family that was English for example, you know -

Yeah.

- and coming to see someone who is not English and all the possible fantasies they could have about, is this person going to understand me, is this person going to, to really get me or not and, and who is he, what is he doing here, and all the different fantasies you can

have about why is he here. Um, so at the beginning I felt insecure, anxious, er, with people who were, er, local you could say, you know.

Yeah.

Um, but I think that is something that's changed quite a lot.

Before this extract, in which refrains of having been different and not being different now are identified, it is possible to see that the interviewee spoke at some length about the psychoanalytic setting:

The Setting

- "to always keep in mind in as much as possible, um, the, the very fundamental basics of the psychoanalytic setting"
- "I think that with-without the setting one is lost"
- "you lose that aspect of the setting or you lose the setting and, and I think that that is what, er, can create a lot of complications and problems"
- "So your psychoanalytic stance, er, the, the boundaries, um, about times and all those basic things"

Here, the idea of the 'setting' and its boundaries appears to be contrasted with problems:

Difficulties

- "if you don't do it you become this very horrible person"
- "when you lose those things, because then it becomes endless, you know"

And, again, the idea of the setting is invoked in relation to a hypothesised (fantasy) difficult piece of work across cultural difference:

Interview 5, p. 124

"But I think that when you, when you lose those things, because then it becomes endless, you know, because maybe there will be a, a different issue with, I don't know, maybe a Jewish family where you, I don't know, you should behave in a particular way

or only talk to dad and not talk to mum, or, but if you have a good clear stance and you are always aware of it with whomever you are working with –

Yeah.

– I think that's when you will always be doing psychoanalysis depending on, on the cultural differences. Now that's what I do, I try to do, so that's what I would recommend, you know."

The idea of the psychoanalytic setting is invoked again here, in order to ensure that this difficult piece of work nevertheless constitutes "doing psychoanalysis". This appears to refer back to the fantasy discussed earlier that to work with cultural difference threatens the profession, its standards or 'dilutes' the work.

Using Bourdieu's terms, the interviewee appears to establish a psychoanalytic 'habitus' in which to locate themselves. Moreover, this discussion also appears to relate to Bourdieu's notion of 'capital': arguably, what is valued here are the traditional boundaries of the setting and established ways of clinical practice – whether these exist in reality or refer to a fantasy.

Examining the context of the discourse – with its refrains of being different previously and not being different any more – it appears that 'being different' can be associated with extreme difficulty, namely being "*a very horrible person*" and having to bear "*more paranoid fantasies about, er, how destructive it could be*". In this case, it is no wonder both how uncomfortable the subjective feelings experienced during the interview were, nor the preference for the relative safety of the psychoanalytic

setting as ‘habitus’: Bourdieu describes the ‘habitus’ and its practices as “*enabling agents to cope with unforeseen and ever-changing situations*” (1977 [1972], p. 72).

A Note on Researcher Subjectivity

Examining my research diary, or field-notes, I found various examples of *feeling* that difference had been located in one particular person – either by me, or in me by the interviewee – and that the other was therefore able to appear ‘neutral’. These seemed to me to be instances of this fantasy being played out in the research experience and are listed in the table below:

<i>Text</i>	<i>Subjective Feeling</i>	<i>Comment</i>
Interview 4 Field notes: <i>I did not like the smell of the house – prejudice?</i>	I felt there was a foreign stink. I later found out this cooking smell was [typical British dish]. I am then ashamed.	I am <i>locating difference</i> and its badness (foreignness, stinkiness) in the other, which allows me to preserve the fantasy that I am ‘normal’ (<i>neutral</i>). When I see this process, I am ashamed, which highlights a fantasy that <i>it is possible to be entirely without prejudice, totally neutral</i> .
Interview 5, p.116 “So I think I, I consider my-myself [Continent 1] and within [Continent 1] probably I belong to the white group.”	Surprise. I realise I might not have considered this participant ‘white’. I quickly censor this thought, assuring myself ‘But of course they are white’.	In fantasy, I wish to monopolise the ‘white’ position (associated with neutrality) and make the participant into the different ‘other’. I locate difference in them and neutrality in myself.
Interview 7 Field notes: <i>Shocking – they were so scary and I find my questions idiotic from the beginning of the interview. I therefore keep it short.</i>	I feel awkward, ignorant and much lower status (being a trainee, where the participant is a senior member of the profession). This feeling of idiocy is very powerful, despite the fact that the initial mix-up	Difference in the form of ignorance and idiocy have been located in me. I am different, the participant occupies a <i>neutral</i> , purely psychoanalytic stance.

	about the time of the interview was their mistake, not mine. I feel I am treated like their patient, not their interviewer.	
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My notes suggest a pairing – that where one person occupies a neutral or normal position, the other is made to contain or own being ‘different’, that is, ‘difference’ is located *in* a person at that moment. This, as I experienced it in the research process, was a deeply uncomfortable and unpleasant experience.

Drawing the Findings Together

Examining the themes together, various fantasies have emerged in the interviews: that difference is dangerous; that a threat is posed to the child psychotherapy profession; that the therapist is able to be neutral and that difference can be located in a person (in the ‘other’). I argue that these latter two are paired positions: the flip-side to the therapist’s being ‘neutral’ is that all ‘difference’ is located in the ‘other’ (in the patient) – these are two linked positions and one cannot be occupied without the ‘other’.

I cannot argue for the universality of my findings, given the subjective nature of qualitative and psychosocial research, but Davids does argue that his model is a normal and permanent defensive organisation in the mind. I would therefore go so far as to suggest that I consider it likely that the fantasies that emerged in this study are common features in the minds of child psychotherapists, even if not present all of the time: Keval (2016) holds that we are all capable of a ‘racist imagination’ and that this is a state of mind that we ordinarily move in and out of.

I am aware that I have sometimes used the terms ‘normal’ and ‘neutral’ as interchangeable, yet there is something about the concept of a *neutral* therapist that goes beyond ‘normal’: a concept of normality encompasses something of an idea of social norms, to which one might conform or deviate from, and the altogether more personal ‘sense of the familiar’ (Keval, 2016). However, the idea of ‘neutrality’ seems to convey something of a featurelessness: as though a therapist could somehow transcend the social order and place themselves above both norms and differences, in a ‘pure’ clinical setting, where psychoanalysis were able to form a culture of its own. This is akin to Auestad’s (2015) description of the wish in psychoanalysis to take up a ‘view from nowhere’.

Despite these ideas of a neutral therapist and a neutral setting having been challenged early on (Balint & Balint, 1939), a debate persists in the literature concerning whether or not it is possible for the analyst to find what I shall term a ‘clinical’ state of mind, whilst acknowledging themselves as a culturally and socially positioned individual (Renik, 1996) or whether an admission of the impossibility of neutrality, and the acknowledgment of cultural situatedness, leads to an abandonment of the boundaries that safeguard the analytic setting. This same anxiety is expressed in the interview data in the theme I called ‘a profession in peril’.

It is striking that, despite so many arguments about the impossibility of analytic neutrality (Goldstein & Goldberg, 2004), ideas about ‘classical’ neutrality persist in the literature and also here in the interview data. There are instances, however, where interviewees appeared aware of this fantasy of neutrality – and the reality of its being a fiction:

Interview 1, p.12

"Um, you know, we go in ostensibly with an open mind and a non-judgmental attitude and focus ourselves on the internal workings of the child and in that sense you could say you know, anybody could, the culture doesn't come into it at all but one has a pure sort of stance, pure sort of approach and a clean kind of focused interest on the internal world. But I think culture seeps in in all sorts of ways. Um, we do make judgments as child psychotherapists. We have a clear, well, we have a def-, an idea of normality."

And:

Interview 4, p.100

"So, as you sit in a room as a child psychotherapist with children and families from all over the place, you must never leave your curiosity hat off. Right, you should never be so sure of your theory that you're pushing it into other people without getting a sense of what they understand about it."

This last quote strikes me as particularly important as the participant mentions the possibility of the therapist's 'pushing something into' other people. Fanon (2008 [1952]) cautions the therapist against inserting the 'imago' they hold of the racially different other into the patient's mind. Davids (2011) discusses instances where people experience this – having something 'pushed into' them by someone else – and the effect on the recipient's internal world:

"It becomes clear that we are dealing with nothing short of a psychotic moment. A rupture in the continuity of his being – that ongoing sense we all have of being more or less in control of our insides, of what uniquely sets "me" apart from "them", which underpins our capacity to be with others – has taken place, allowing the other to march in and take possession of the self." (pp.2-3)

Davids describes this as “a serious matter”. However, in the fantasies that appear in the interview data – namely, that difference is something dangerous, that the profession is in peril, that the therapist is neutral and difference located in the other – there appears to be a real possibility that there are instances where a ‘neutral’ therapist must evacuate all the badness and madness of difference and locate them in the patient. This would be not just a ‘serious matter’, but one that raises profound questions for the child psychotherapy profession.

CONCLUSION

Reflecting Upon the Findings

In July 2016, I presented my findings at the IPCAPA (Independent Psychoanalytic Child & Adolescent Psychotherapy Association) research event at the British Psychotherapy Foundation (BPF). Present were members of the child & adolescent psychotherapy training committee, graduands and their families: there were therefore both many members of the child psychotherapy profession and also members of the general public; one of the interviewees was present and participated in discussion. I presented the four fantasy structures outlined in the previous chapter: the fantasies ‘difference as dangerous’, of ‘a profession in peril’, of ‘neutrality’ and ‘the location of difference’, with illustrations from the interview material and opened this up for discussion.

The discussion was rich, interesting and helpful: my research and findings were discussed at length. Minutes were taken by a colleague and are included in the appendices. Broadly, the fantasies identified in this project drew a great deal of recognition, particularly the fantasy of ‘the profession in peril’. Strong shock was expressed at the fantasy of ‘neutrality’ with child psychotherapists commenting that it was astonishing that anybody still believes in this: this was discussed as a “*residue of difficulty*” within the profession.

The theme ‘difference as dangerous’ received two-fold reactions. In the public discussion, it triggered many clinical anecdotes, usually relating to black patients, and also memories of a deceased colleague. I would argue that these sorts of comments

reinforce this fantasy as the associations offered were those in which difference was linked to danger (death, the dead colleague) and in which it was the (black) patient who was ‘othered’. Privately, however, after the discussion closed, several colleagues commented on how *uncomfortable* the data relating to this particular theme had been to hear and “*That is the sort of thing I would probably say*”, which I believe relates to the shame that these fantasies trigger, and which we are at pains to be rid of (Morgan, 2008; Auestad, 2015).

There were two comments from the discussion on that day, however, that I wish to address here in more detail. The first was the suggestion that perhaps, in the clinical session, there might be ‘*moments of meeting*’, (Stern, 2004) in which it might be possible to transcend the normal-different dynamic (the location of normality in one person and of difference in the other). In Stern’s work, a ‘moment of meeting’ is one in which “*the therapist made an authentic personal response beautifully adjusted to the situation immediately at hand*” (p.169). For Stern, this represents a ‘nodal’ point in the therapy and marks a change in the progress of the treatment. At first, I took this comment to be another expression of the fantasy that the clinical setting might offer a ‘pure’ space, free from the intrusion of ‘cultural difference’. This is reminiscent of Keval’s (2016) discussion of the “racist scene”, in which a fantasized ‘pure’ maternal space is felt to be free from the impingements of ‘difference’. In Stern’s work, he appears to refer to an instance – even if just for a moment – when the therapist is perfectly attuned to the patient. However, in the discussion in July 2016, Stern was not referred to directly. I have since come to wonder whether the discussant’s comment might express something else, akin to Gadamer’s (2004 [1975]) idea of *Horizontverschmelzung*. In Gadamer’s view, people are embedded in their culture

and their history and, in order to enter into dialogue, must seek to understand the viewpoint of the other and what might be of value in it (Rustin, 2011). They must therefore open themselves up to the possibility of changing their minds, entering a communion of minds with the other – in which their horizons ‘melt’ together – become different as a result of this encounter, and therefore no longer are what they were. In other words, the possibility of a genuine encounter with a ‘different other’, resulting in a change to the self. Dalal (2011) asserts that, on opening ourselves up to other points of view, we encounter the possibility of real change: here, he emphasises the extreme anxiety that must be tolerated in order for this change to take place. Similarly, Lewis (2007) argues:

“[Our identificatory] investments are social, political, economic, cultural and psychic and facing up to them is part of a project that has the potential to connect us individuals and collectivities to our pasts and each other in new ways. But it is a painful, difficult and contradictory process and we need help to do it.” (p.884)

My understanding of the discussant’s comment, therefore, is that it might express a wish for psychotherapy to offer a space in which ‘outside’ differences do not matter – this would be a reiteration of the fantasy that psychoanalysis forms a ‘pure’ culture of its own; alternatively, this comment might point to something more hopeful – the idea that, in allowing the viewpoint of another to change our own, we might expand our own mental horizons.

The second question that particularly struck me concerned methodology, and particularly the inclusion of my subjective experience in the research method. A child

psychotherapist asked: *“How do you know if this is a ‘theme’ becoming live in an interview or just an uncomfortable meeting between individuals?”*. This question relates to the validity of my findings and to the psychosocial methodology used. The answer, surely, is that one cannot possibly know for certain: ‘fact’ here cannot be established in anything like the way it might be in the natural sciences. However, I would argue that the two areas I chose to focus upon in detail, through the discourse analysis, namely the fantasy of ‘neutrality’ and the idea that difference can be ‘located’ in one person of a pairing, were aspects of the data that I noticed gradually. I argue that, in this research, I had an ongoing engagement with the data – a relationship to the data, so to speak – over a number of years, and my thinking about it developed over time. This involvement was an iterative process and included: thorough analysis of all the interviews and the themes emerging from them; considerations of my subjective experiences, which were recorded in a research diary; the development of ideas through consultation with others, both through academic supervision and the opportunity for a larger discussion at the IPCAPA research event; and, finally, through ongoing consideration of the interview data in the light of theory. Thus, the development of the findings of this study, including the example which prompted the question above, was the result of many years of careful involvement with the data and related literature, not the feeling of a fleeting moment in the interview.

Summing Up – Strengths of the Study

A psychosocial methodology, here, had at its core the bringing together of a consideration of the inner world, using psychoanalytic understandings, whilst using concepts and ideas from the social sciences to theorize and critique this. In using a

psychosocial method, I drew upon psychoanalytic work through use of an ‘open’ interview style and through reflections upon my own subjective experience of carrying out the research throughout the processes of data collection, data analysis and discussion of the findings with others. I have deliberately avoided the term ‘counter-transference’ here, in acknowledgement about the ongoing debate within psychosocial studies (Hollway & Jefferson, 2013) about the status that counter-transference should have in research. However, like the psychotherapist’s use of his or her counter-transference within the clinical setting, I argue that reflecting upon the subjective experience in research adds depth and richness to the research process and findings. Moreover, in making the subjective feelings explicit, the psychosocial researcher is able to make transparent processes that take place in qualitative research ordinarily, such as the choice to include or exclude aspects of the data (Willig, 2012). In drawing on the social sciences, psychosocial methods are able to examine and define the terms of a study in a nuanced way and use these in consideration of the findings.

I set out to look at how child psychotherapists work with ‘cultural difference’ and came to focus on the fantasies identified in the interview data, through thematic and discourse analyses. These fantasies were ‘difference as dangerous’ and that it is variously associated with sex, violence, abuse, neglect, cheating and shame; a fantasy of ‘a profession in peril’, that working with difference might erode or dilute technique or that differences within the profession might destroy it; a fantasy of ‘neutrality’, whereby the therapist is able to transcend differences; and a fantasy of ‘the location of difference’, where ‘difference’ and all its associated meanings are located within one person, allowing the other to be ‘normal’.

Psychosocial methodology allows for a two-way exchange between Clinic and Academy. What is striking in the findings of this study is just how fantasy-laden ‘cultural difference’ is. Appreciating just how much is activated in our inner world when encountering ‘cultural difference’ should now contribute to the theorization of ‘culture’ and ‘difference’ within the social sciences, allowing for more nuanced discussions of these concepts. For the child psychotherapy profession, it draws attention to an area of clinical work which is under-developed in all areas of training, namely in supervision (Dalal, 2002), teaching (Lowe, 2014) and training analysis (Morgan, 2008). As issues of ‘cultural difference’ become increasingly explosive in the current political climate, they are bound to enter the consulting room more and more: it is therefore a matter of some urgency that child psychotherapists think more deeply about their own racist or hostile projections into the patient.

Limitations of the Study

There are methodological limitations implicit in undertaking small-scale projects as a sole researcher. Qualitative research studies aim to deliver a more focussed form of research, allowing the richness and subtleties of data to be explored. As such, qualitative studies such as this one do not lend themselves to the generalizability of findings or the establishment of ‘fact’ (Willig, 2012). The sheer scale and complexity of data generated by open-style qualitative interviewing necessitates a small sample size. I do not believe that the lack of generalizability in studies such as these relates directly to the sample size: the small sample is a necessary feature in order to accomplish the in-depth analysis of a rich, complex data set. Generalizability is limited instead by the nature of qualitative research itself: that is, research that is

interested in the rich subjectivity of individual opinion and experience cannot lead to the sorts of findings that are easily generalised; I argue, however, that these findings are nonetheless interesting and informative.

A more pertinent question relates to the nature of undertaking research in an individual project. This is sometimes used to question the validity of research findings (Thomas, in press). I do not believe, however, that questions of validity follow directly from the fact of undertaking a research project as a sole researcher: I have argued that in qualitative research, exploring subjectivities, validity must depend on the nature of the researcher's engagement with, or relationship to, the project and data. Questions of validity are not automatically 'solved' by taking a group approach, given that groups might find that they cannot reliably reach agreement (Hadge, 2012) and cannot 'automatically' identify unconscious material in discourse (Frosh & Saville Young, 2008; Thomas, in press). However, I find my interest drawn to those studies that have used a 'working group' approach, such as those conducted by Marks and Mönnich-Marks (2003), Urwin (2007), Phoenix et al (2016), not because the findings of such studies are necessarily more 'valid', but because the opportunity to learn from fellow researchers must enrich the research process. Indeed, the 'working group' might offer an opportunity for multiple voices, or the pluralism, emphasised by Arendt (1958) and Auestad (2015). Keval (2016) stresses the loss and mourning involved in opening oneself up to new ways of thinking, or to learning, and I argue that this is also involved in conclusion of a project, in recognising that the project cannot reach beyond its limits.

Finally, an important caveat comes from Brooks (2014), who argues that when thinking about racism, there is a risk that we are not thinking at all, but that the creation of theory can easily become a defensive means of evading thoughtful engagement with the concepts of ‘race’, ‘culture’ or ‘difference’, allowing us to protect our own ways of thinking and being. In particular, Brooks gives the example of a colleague who says, ‘I know it is not politically correct to say this, but I’m going to say it anyway’. For Brooks, this sort of exposition of one’s thinking is not true thinking, but instead reveals one’s vain self-regard as ‘free-thinking’. I hope very much that my inclusion of my own subjective reactions to the interview process and data, including thoughts or comments that I felt to be exposing, does not fall into this category. Instead, I hope that the two-directional nature of psychosocial research, bridging both Clinic and Academy, moving fluidly between interview data and literature, and with an explicit examination of the researcher’s subjective responses, helps to protect against this form of defensive thinking. However, it remains a warning to be borne in mind.

Questions for Future Research

The findings and discussion of this study lead to various further questions for future research; moreover, the duality of this psychosocial project, with its two-way flow between clinical and academic concerns, and between interview data and literature, means that the questions it gives rise to are clinical, methodological and conceptual.

1. The fantasies identified in this study, in relation to thinking about working with difference, raise further questions about how child psychotherapists work with ‘cultural difference’ clinically, and what preconceptions we bring with us into the

consulting room. Future research might ask, *Do these fantasies impact upon the clinical work of child psychotherapy and, if so, how? Can this be worked through, and how? What are the consequences for the experience of the patient?*

2. Methodologically, how might we develop psychosocial methods further? Is it feasible to accommodate the multiplicity or plurality emphasised by Auestad (2015) and Arendt (1958) in psychosocial research? This would, by definition, lead to more than one set of ‘findings’ and greater ‘messiness’ of theory.

3. Conceptually, *how might we understand ‘cultural difference’ now?* I argued that Bourdieu’s thinking about culture offered a framework that could accommodate both broader and narrower definitions of culture, without making the concept so general as to become meaningless. However, the findings of this study show just how fantasy-laden the idea of ‘cultural difference’ is and, as such, how much slippage there is between the concepts of ‘culture’, ‘difference’ and ‘racism’ and how easily we conceive of ‘cultural difference’ one way in one instant and another way in the next. This study sheds some light on this ‘slippery’ concept, saturated by fantasy, and I therefore ask how we might think about ‘cultural difference’ now in our theoretical engagement with, and employment of, these terms.

Implications

There is a rapidly growing body of literature indicating an increasing engagement of the psychotherapy professions with ‘cultural difference’. These recent publications (Auestad, 2015; Davids, 2011; Keval, 2016; Lowe, 2014) have greatly assisted me in conceptualising ‘cultural difference’ and in critiquing the findings from this study.

For the child psychotherapy profession more broadly, this recent literature can help us think about the implications of issues of difference on our clinical work. As issues of ‘cultural difference’ become increasingly politically explosive, it becomes ever more urgent that we think about them in our clinical work.

At the outset of this project, I felt that Bourdieu’s conceptualisation of ‘culture’ might offer child psychotherapists a framework for thinking about ‘cultural difference’ in clinical work; this view has been argued before (Litowitz, 2003; Krause, 2014), but has yet to be taken up either in the child psychotherapy training or in the literature more broadly. I felt that Bourdieu’s theory was a natural ‘fit’ for the way child psychotherapists think: his emphasis on different ‘fields’ and their ‘capital’ is easily applied to our understanding of the many different settings in which children find themselves, and the norms and value systems that operate in each of these; Bourdieu’s ‘habitus’ and ‘doxa’ are consistent with psychoanalytic understandings of the ‘sense of the familiar’ (Keval, 2016), and the unconscious workings of the internal world. As I reach the conclusion of this project, I continue to consider Bourdieu’s understanding of ‘culture’ a natural fit. However, in the findings of this study, it is striking how our concept of ‘cultural difference’ is laden with fantasy, and the extent of the ‘slippage’ of this term. ‘Culture’ and ‘cultural difference’ have proved ‘slippery’ concepts, easily sliding into the concepts of ‘race’ and ‘racism’: this has the effect that ‘culture’ might be employed and understood very differently from one moment to the next. This slippage is illustrated in the varied ways in which the individual interviewees used the term, and my own engagement with the term in discussion. I argue that our conceptualisation of ‘cultural difference’ needs now to encompass an understanding both of the slipperiness and its saturation with fantasy.

Despite the increasing engagement with issues of ‘culture’ and ‘difference’ in the psychotherapy professions, and the rapidly growing body of literature in this area, there is some catching-up to be done in practice. There continues to be a lack of committed engagement with this in the child psychotherapy trainings, with teaching (Lowe, 2014), supervision (Dalal, 2002) and training analyses (Morgan, 2014) all highlighted as areas where our thinking about ‘cultural difference’ is neglected. Lowe stresses the tendency, where teaching takes place at all, for this to be in the form of one-off events, and therefore tokenistic. Berman (2017) argues that training – and particularly the training analysis – are dominated by what he terms the ‘New Person’ fantasy, in which the analysand is “fully” analysed. The continued dominance of these tendencies within the professional training allows the “*silent social consensus*” of prejudice to be perpetuated (Auestad, 2015, p.lxiii) and prevents us from engaging with issues of ‘cultural difference’ in a more creative way. For Kirsner (2017), it is in the recognition and respect for difference, “*even robust differences*” (p.176), that a mental space is established, enabling real thinking. For Arendt (1958), it is in dialogue with an ‘other’ that we are made truly human.

This study shows how deeply fantasy-laden our conception of ‘cultural difference’ is. This has a number of implications, in terms of our conceptualisations and training. Firstly, it is a matter of some urgency that the excellent literature in this area, from the now classical texts of Fanon, to the recent developments (Davids, 2011; Keval, 2016; Lowe, 2014) be taught on the child psychotherapy trainings. A greater theoretical framework for thinking about ‘cultural difference’ should enrich the clinical practice of child psychotherapists. It is greatly encouraging that the British Psychoanalytic

Council (BPC) has produced recommended readings for its members, in the form of a comprehensive reading list, but this must become part of the structure of training and supervision, and not left to those wishing to develop a ‘special’ interest: as Lewis (2007) reminds us, “*We need help to do it*” (p.884).

Secondly, our fantasies about ‘cultural difference’ have conceptual implications. Psychosocial methodology enables a two-way exchange between the Clinic and the Academy, or between the psychotherapy professions and the social sciences. The fantasy-laden nature of ‘cultural difference’ should now feed in to a more nuanced conceptualisation of this term within the social sciences. For psychotherapists, there is a need to acknowledge, in the long debate about the nature of counter-transference (Holmes, 2014) that these fantasies about ‘cultural difference’ enter the consulting room with us.

Lastly, I return to Keval’s (2016) discussion of the “*sense of the familiar*”, which, when threatened by change, or by a need to give up immature ways of thinking, arouses great anxiety and painful feelings of loss. I argue that this ‘sense of the familiar’ is closely tied to our own subjective experiences of ‘normality’ and that the concept of ‘normality’ has played an important role in child psychotherapy, closely related as it is to a concept of ‘normal development’. Anna Freud (1966) emphasised the need for child psychotherapists to “*assess the degree of a young child’s normal progress*” (p.54) and for this, she called for trainings to increase the “*study of the normal*” (p.55):

“The analyst of adults has little concern in his clinical work with the concept of normality, except marginally, where functioning (in love, sex, and successful work) is concerned. In contrast, the child analyst, who sees

progressive development as the most essential function of the immature, is deeply and centrally involved with the intactness or disturbance, i.e., the normality or abnormality of this vital process.” (p.54)

Music (2017), in his review of development and attachment theories and child psychotherapy research, is at pains to highlight the many different forms that childrearing takes across different cultures and the different beliefs that inform these; he stops short, however, of discussing the implications of this multiplicity for the theories underpinning child psychotherapy.

Auestad (2015) argues the need to ‘put aside’ theories of normality and pathology in psychotherapy, in order to foster understanding. This study has found that thinking about ‘cultural difference’ fuels many fantasies involving the idea of ‘normality’ and moreover that these are implicated in splitting and projections into a ‘culturally different other’, who might be the child patient. Our sense of ‘normality’ is highly subjective and of huge importance to the individual, arousing primitive fantasies and powerful anxieties (Morgan, 2008, 2014; Keval, 2016). I am here reminded of Karl Ove Knausgaard’s (2014) memoir of his childhood, *Boyhood Island*, in which he observes that “*All the houses apart from ours had their own smell*” (p.26). Here, he is noticing the differences between his friends’ home environments, which smell unfamiliar, and his own, which is so normal to him that he cannot perceive (smell) its ‘smell’. I argue that our own sense of normality, of our own cultural norms, our ‘sense of the familiar’ is so deeply rooted in our inner worlds and cultural lives that we fail to perceive it, we take it for granted, and are unlikely to explore it in a training analysis except when it becomes threatened or ruptured. Our use of the concept of ‘normality’ in the clinical work of child psychotherapy, however, means that it is

worth reminding ourselves of the cultural, and highly individual, dimensions of this concept, its fantasy-laden nature, and the consequences it can bring, in the form of racist projections.

Despite arguments in the literature about the impossibility of neutrality (Balint & Balint, 1939; Goldstein & Goldberg, 2004; Greenberg, 1991; Renik, 1995, 1996), this study has shown that powerful fantasies about the neutrality of the therapist still operate in the child psychotherapy profession. This is a real issue for the profession, and a clear split between the academic writings of psychotherapists and their clinical practice, which cannot continue to be ignored. I have shown how powerful fantasies about ‘cultural difference’ get into the consulting room, and therefore also into people. Unless we, in the child psychotherapy profession, are able to see ‘cultural difference’ and think about it, we will continue to reproduce bourgeois, colonial, prejudiced, racist stances (Auestad, 2015; Brooks, 2014; Khanna, 2003; Kovel, 1988; Morgan, 2008). I argue, however, that psychoanalysis offers a powerful theory of the unconscious and, as such, we are well-equipped to interrogate our professional blind-spots: it is now high time we did so.

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APPENDIX I

ETHICAL APPROVAL



17 June 2011

Miss Anna Pruetzel-Thomas
11 Time Square
Colvestone Crescent
London
E8 2LT

Dear Miss Pruetzel-Thomas,

Re Your Ethics Proposal

Date of submission: 15 March 2011
Investigator: Anna PRUETZEL-THOMAS
Reference No: 2011-21
Title of Project: *On working with cultural differences in child psychotherapy*

The School of Social Sciences History and Philosophy Ethics Committee has scrutinised this proposal and has given it ethical approval.

Please keep this message as official record of the approval for future reference.

Good luck with the research.

Ursula Brown

Ursula Brown
Assistant School Manager
School of Social Sciences, History & Philosophy
Birkbeck, University of London
(on behalf of the SSHP Ethics Committee)

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British Association of Psychotherapists
Child & Adolescent Psychoanalytic Psychotherapy Training



Information for Participants

Department of Psychosocial Studies
BIRKBECK
University of London
Malet Street,
London WC1E 7HX
020 7631 6000

On Working with Cultural Differences in Child Psychotherapy

Anna Fleming

About this study

The study is being done as part of my DPsych degree in the Department of Psychosocial Studies, Birkbeck, University of London.

The study has received ethical approval from the Birkbeck School of Social Sciences, History and Philosophy Ethics Committee. (Approval reference number: 2011-21)

This study aims to explore psychotherapists' views and thoughts about working with cultural difference.

Your participation

If you agree to participate, you will agree to my interviewing you for about an hour; the interview will be held at a place and time convenient to you. **You are free to stop the interview and withdraw at any time.**

The interview you give will be fully **confidential**: a code will be attached to your data so it remains totally anonymous. Any identifying features, such as names, that you might mention in the interview will be disguised or removed from the written transcript.

Ethical approval has been granted only for an interview relating to your private practice; if you have additional employment in the NHS, please do not refer to this work in the interview.

The interview will be recorded; this recording will be kept in a safe (locked and password protected) place and used only by the researcher. It will be kept until completion of the project, then destroyed.

The analysis of our interview will be written up in a report of the study (thesis) for my degree. You will not be identifiable in the write-up or in any publication which might ensue.

Advice

Please be advised that the interview – discussing cultural difference – might touch upon difficult, sensitive or personal subjects. Should you wish to discuss any matters arising from this interview, please contact the research supervisor, Dr Amber Jacobs, at Birkbeck. Alternatively, you may contact Mrs Lydia Tischler at the British Association of Psychotherapists; your contact with them will be confidential and not used for any part of this study.

Your **written consent** will be sought, should you wish to participate in this study; please ask the researcher if you have any queries relating to the study.

Contact details

Should you wish to discuss any aspect of the research, please feel free to get in touch.

Researcher: Anna Fleming
[CONTACT DETAILS]

Supervisor: Dr Amber Jacobs
Birkbeck Department of Psychosocial Studies, Birkbeck, University of London, Malet Street, London, WC1E 7HX
[CONTACT DETAILS]

Tutor: Mrs Lydia Tischler
BAP British Association of Psychotherapists, 37 Mapesbury Rd, London, NW2 4HJ
[CONTACT DETAILS]



British Association of Psychotherapists
Child & Adolescent Psychoanalytic Psychotherapy Training



Consent Form

Title of Study: *On Working with Cultural Differences in Child Psychotherapy*

Anna Fleming

I have been informed about the nature of this study and willingly consent to take part in it.

I understand that the content of the interview will be kept confidential.

I understand that I may withdraw from the study at any time.

I am over 16 years of age.

Name

Signed

Date

There should be two signed copies, one for participant, one for researcher.

INTERVIEW SCHEDULE

Revised following pilot interview

(1) Professional context

- their training, their previous professional background, the context of their psychotherapy work.

(2) “Culture” & Background

- how they define “culture”
- their mother-tongue and how they define their own cultural background

(3) Culture & Psychotherapy

- how do they think culture impacts on child psychotherapy?
 - o In theory?
 - o In practice – particularly private practice?
 - o Working with the child?
 - o And the parents/ carers?
- Are there any particular difficulties that spring to mind?
- What, if any, are the advantages of culturally diverse work in psychotherapy?
- What advice would they give to a colleague working with cultural diversity?

(4) Thoughts and fantasies

- How do they think cultural difference is viewed within the child psychotherapy profession?
- What fantasies, perhaps unconscious, do they think circulate among child psychotherapists about working with cultural difference?
- What fantasies, if they are willing to share them, did they themselves have when early in their career? And now?
- How do these fantasies impact upon them? The child? The work? The child psychotherapy profession more generally?

(5) Any other thoughts? Anything else they would like to mention?

SUMMARY OF FINDINGS

<i>Stage</i>	<i>Analysis</i>	<i>Findings</i>	<i>Features, Refrains, Sub-themes</i>
1	Describing the data		
		Attitudes towards the project	Interest, ambivalence
		Defining culture	Broad and narrow definitions
		Ambivalence	Contradictions
		Fantasies	Denial, confusion
			<i>Sex and violence</i>
			<i>Colonial missionary</i>
			<i>Neutrality</i>
2	Thematic Analysis		
		Difference as Dangerous	<i>Sex, violence and disability</i>
			<i>Neglect and child abuse</i>
			<i>Cheating dishonesty and secrets</i>
		A Profession in Peril	<i>Eroding clinical practice</i>
			<i>Coping with difference within the profession</i>
			<i>Being 'out-of-touch'</i>
3	Discourse Analysis	The Neutrality of the Therapist	Refrain: <i>"The neutral therapist and the other sort of patient"</i>
		The Location of Difference	Refrain: <i>'I used to be different; I am not different now'.</i>

MINUTES

Discussion of Findings – IPCAPA Research Event – 17th July 2016

Taken by Eva Crasnow

Difference as Dangerous

- Internal divisions within psychoanalysis – feels dangerous
- Colleague (now deceased) learnt BSL in order to work with deaf children
- Affect: how do you hold onto yourself?

A Profession in Peril

- Many analysts train in other countries: an outsider being an outsider
- Loss of ‘nice neurotic children’ – an adaptation of technique – fear that one will stop being analytic
- Exposure of self/ profession

Neutrality of the Therapist

- Residue of difficulty for analysts
- Ideal of neutrality – a myth, exposed by cultural dimension
- Shocked ‘gasp’ at idea of neutrality

Locating Difference

- CAMHS setting very different from private practice with adults
- Brexit - insiders and outsiders changing
- In clinical room: can moments of meeting transcend the normal/ different dynamic?
- Note the difference in culture/ setting between BAP & Birkbeck

Process of Interviews

- How to work out the transference aspects – re: research diary
- Some interviews much more uncomfortable than others